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President: The Hon. Julian R. Hunte ..... (Saint Lucia)

The meeting was called to order at 3 p.m.

Agenda item 47 ***(continued)***

Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS

High-level plenary meetings devoted to the follow-up to the outcome of the twenty-sixth special session and the implementation of the Declaration of Commitment on HIV/AIDS

Report of the Secretary-General (A/58/184)

The President: I give the floor to His Excellency Mr. Colin Powell, Secretary of State of the United States of America.

Mr. Powell (United States of America): The United States Health and Human Services Secretary, Tommy Thompson, and I are pleased to join in this high-level plenary and to reaffirm President Bush's abiding commitment to the global fight against HIV/AIDS.

President Bush believes strongly that the advance of freedom and hope is challenged by the spread of AIDS, and all who join in the worldwide campaign against AIDS serve on the front lines of freedom and hope.

Two years ago, our heads of State and Government assembled here for a special session on the global HIV/AIDS crisis. We solemnly adopted a comprehensive Declaration of Commitment that could help turn the pandemic around. In the two years since that special session, 6 million more people have died of AIDS, and 10 million more have been infected with the HIV virus that causes AIDS. In all, 42 million people now live with the disease, and tens of millions are at risk — high risk — of infection.

Most of those infected are between the ages of 15 and 24, and nearly half of them are women. As so many here have done, I, too, have looked into the eyes of young mothers terminally ill with AIDS – mothers who fear their children's uncertain future more than they fear their own certain death. The mothers make memory books so that their children will have something to touch and hold and remind them that once upon a time there was someone who loved them.

AIDS has left 15 million orphans, and, unless we stem the tide, that number will swell to 25 million by the end of this decade. The vast majority of those children are likely to live without emotional support, without the barest of physical necessities, and without any prospects for the future. Unless we act effectively, these precious children are likely to perish in the same cycle of disease, destitution, despair and death that took the lives of their parents.

The appalling statistics do not begin to describe the magnitude of the destruction wrought by AIDS. AIDS is more devastating than any terrorist attack, any conflict or any weapon of mass destruction. It kills indiscriminately and without mercy. As cruel as any

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tyrant, the virus can crush the human spirit. It is an insidious and relentless foe. AIDS shatters families, tears the fabric of societies and undermines Governments. AIDS can destroy countries and destabilize entire regions.

Two years after the United Nations special session, AIDS continues to present all of us with profound moral, political, economic and security challenges. Two years after the adoption of our Declaration of Commitment, the international community continues to face an AIDS crisis of global proportions.

Our task remains enormous, yet important progress has been made. Only two years ago, the Global Fund to Fight AIDS, Tuberculosis and Malaria was still just an idea endorsed by President Bush and Secretary-General Annan. Today it is a reality. Two years ago President Bush pledged the founding $200 million for the Global Fund. Our pledge has risen to $1.6 billion, out of the total of $4.7 billion in pledges made to date worldwide. The United States proudly remains the largest single contributor to the Fund.

New contributions to the Fund are coming in from around the globe, and grants have been approved to more than 90 countries. The Fund is already helping to deliver lifesaving treatments and to prevent new infections. This month the members of the World Trade Organization agreed on a framework for implementing the Doha Declaration on Trade-related Aspects of Intellectual Property Rights (TRIPs) and on public health. This will give poor countries greater access to low-cost, high-quality medicines that are needed to treat diseases such as HIV/AIDS.

At the same time, the vital incentives for research into the next generation of treatments will be preserved. Since the special session two years ago, we have also seen a change in attitudes. Like all great evils, AIDS feeds on ignorance and fear. When people lack knowledge of how infection can be prevented, and when those infected are stigmatized and driven into the shadows, the virus thrives and hope withers.

More and more public figures are speaking out, shattering the silence that kills. They are sending the message that people living with AIDS should not be treated with cruelty and discrimination, but, instead, with dignity and with compassion.

Indeed, the Declaration of Commitment has given all of us ideas that have helped to focus our efforts. We must keep pressing forward to achieve the Declaration's targets. I urge the General Assembly to adopt a resolution reaffirming the need for all nations to reach the goals outlined in the Declaration, starting with the targets for the year 2003.

For our part, the United States will remain at the forefront of the worldwide effort to combat AIDS. As President Bush has said, in the face of preventable death and suffering, we have a moral duty to act, and we are acting. The United State remains the largest donor of bilateral HIV/AIDS assistance, providing almost half of all international HIV/AIDS funding in 2002. We have bilateral programmes in more than 75 countries. In January, President Bush announced his $15 billion five-year emergency plan for HIV/AIDS relief. In May, it was signed into law with overwhelming congressional support. We are very proud of this plan, the largest single commitment of funds in history for an international public health initiative on a specific disease.

The President has asked Congress for over $2 billion in 2004, and under the plan we would steadily increase our annual expenditures over the next four years. The plan will continue our broad bilateral programmes, while focusing on 14 of the most affected countries in Africa and the Caribbean. The plan will treat 2 million people living with HIV/AIDS with antiretroviral drugs, and it will care for 10 million HIV-infected individuals and AIDS orphans. My country continues to be the largest donor to UNAIDS. We will be issuing another grant for $100 million.

We are doing everything we can to support the Declaration of Commitment. As the Declaration so strongly underscores, Governments alone cannot begin to address the global AIDS crisis. We must make the private sector an integral part of our efforts. That is why President Bush deliberately made partnership with the private sector a key element of our emergency plan for AIDS relief.

In the worldwide fight against AIDS, every nation, large or small, developed or developing, must be a leader and a partner. In the fight against AIDS, all countries have a strong and committed ally in the United States of America. Together, we can help break the vicious cycle of this devastating disease. May this high level plenary strengthen our resolve to fulfil the

Declaration of Commitment we made two years ago. May we work together to replace ignorance with information, shame with support and despair with dreams for a brighter future. All of God's children deserve to live in dignity and in safety, in health and in hope. By working in partnership against AIDS, we can ensure that millions of children have their mothers, and not just scrapbooks to remember them by.

The President: I now give the floor to His Excellency Mr. Kamal Kharrazi, Minister for Foreign Affairs of the Islamic Republic of Iran.

Mr. Kharrazi (Islamic Republic of Iran): The spread of HIV/AIDS has created a global epidemic far more extensive than was predicted even a decade ago. It has now become a major socioeconomic and psychological crisis, affecting all aspects of human life. The rate of infection is increasing dramatically, and the projection of its growth in Asia is much higher than in the other continents.

In the Islamic Republic of Iran social traditions and religious beliefs have prevented HIV/AIDS from growing in a widespread manner. The cumulative figure of 4,846 reported HIV/AIDS cases was reached by the end of 2002. The number of people living with HIV/AIDS by the end of 2002 was estimated at around 20,000. Among the reported cases, drug use by injection represents the most prevalent mode of transmission.

The Government of the Islamic Republic of Iran has taken several steps toward the implementation of the Declaration of Commitment. The National HIV/AIDS Control Programme has been prepared and a high-level commission consisting of a number of Government ministers and other Cabinet members monitors the implementation of this Programme. In addition, there is a National HIV/AIDS Control Committee, with the participation of all relevant stakeholders of the public and private sectors, as well as one person living with HIV. Similar structures exist at the provincial level under the responsibility of governors.

Care and support services to infected persons, including medical outpatient treatment in "triangular" clinics and in-patient therapy and counselling, are provided free of charge, mostly through Government support and subsidies. Furthermore, voluntary counselling and testing facilities have been established in around 20 provinces and in 21 prisons with high prevalence.

Despite all those efforts, the care and treatment of all persons in need require more financial and technical assistance.

Mr. Zanf (Islamic Republic of Iran), Vice President, took the Chair.

It goes without saying that the care and treatment of the already infected, as well as prevention, are imperative and, therefore, should be vigorously pursued. However, as stated in the Declaration of Commitment, the role of cultural, family, ethical and religious factors and their significant role in the prevention of the epidemic and its treatment, care and support are of central importance to our collective efforts to fight HIV/AIDS. Therefore, the elements of moral choice, responsible sexual behaviour and the promotion and protection of family values, as well as combating pervasive poverty, need to be re-emphasized. Furthermore, we agree with the recommendations of the Secretary-General on funding, capacity-building and giving specific attention to women and girls.

However, the issue of the affordability and access to safe and effective drugs in the international market is important, which the report has emphasized.

In conclusion, it is the continued responsibility of the international community to advance implementation of the Declaration by assisting developing countries to fight HIV/AIDS.

The Acting President: I call on His Excellency Mr. Achmad Suyudi, Minister of Health and Social Welfare of Indonesia.

Mr. Suyudi (Indonesia): I would like, first of all, to congratulate you, Sir, on your election as President of this historic meeting. It attests to the esteem in which the international community holds you and your country.

As the challenges of HIV/AIDS continue to seize the global community, the convening of this high-level plenary meeting and its interactive roundtable is undeniably pertinent. The forum provides us with an opportunity not only to reaffirm our commitments to combat the epidemic, but also to exchange lessons learned and best practices drawn from national

experiences in implementing the 2001 Declaration of Commitment on HIV/AIDS.

While it is true that strong efforts are being made to combat the disease and restrict its spread, the grim reality presented by the ever-increasing statistics suggests that the war is far from over. Current efforts to combat the disease have also been hampered by the continuing gap between the availability of resources and the demand for effective and prompt implementation of the AIDS commitments.

Enhanced facilitation through the leadership of the United Nations is crucial, especially for developing countries, in areas of technical cooperation and capacity-building programmes; the reduction of the debt burden of poor countries, in order to boost the AIDS response in those countries; and the flexible implementation of the World Trade Organization Agreement on Trade-related Aspects of Intellectual Property Rights (TRIPS), in order to enable the least developed countries to provide cheap generic drugs to their AIDS victims.

The recent HIV situation in Indonesia is alarming, and the number of AIDS cases has increased ten-fold in the past five years. The country has been able to treat just over 300 AIDS cases with antiretroviral drugs. We are committed to the goal adopted at the General Assembly special session of providing all HIV-infected persons with access to affordable drugs, including antiretroviral treatment. It will be a huge task for developing countries unless the right of access to affordable and cheap generic drugs is assured.

We thank the Assembly very much for the Global Fund to Fight AIDS, Tuberculosis and Malaria, set up in 2001. With its annual target of $10.5 billion, the Fund is an exemplary initiative allowing developing countries to implement their HIV prevention and care programmes. However, resource mobilization remains critical. The quick outcome and release of funds at the third-round of the Global Fund are crucial to sustaining this momentum.

May I briefly share some information about follow-up to the General Assembly special session in Indonesia? Indonesia has already submitted to the Secretary-General its 2003 progress report on special session commitments. The principle achievements reported are the Combined Policy Index of 65 per cent as well as an overall Government expenditure of $3.25 million in 2002 and $5.6 million in 2003. International donors are providing an estimated $16.5 million in 2003.

A special cabinet meeting endorsed a range of technical strategies and guidelines consistent with the Declaration of Commitment adopted at the special session, giving priority to HIV/AIDS in annual development planning, mainstreaming HIV/AIDS into the planning of all involved ministries and establishing strong partnerships with civil society, which is viewed as a vital ally in this policy. Greater involvement of people living with AIDS is consistent with Indonesia's participation in the Paris Summit in 1994.

While the new strategy clearly identifies prevention as the mainstay of Indonesia's programme, it also stresses the urgent need to step up efforts to provide treatment, care and support of those already infected with the virus.

Indonesia has coordinated a multipartner effort with international and domestic organizations to meet the special session targets. However, monitoring the impact of AIDS and the programmes to confront it is critical to sustaining successful programmes, to demonstrating the value added of the increased resources being invested to fight AIDS and to continuing activities to raise funds. The United Nations must play a key role, in the spirit of multilateralism, and use its unique position to help ensure that countries are able to programme resources in an efficient and transparent manner, that objective monitoring and evaluation is undertaken, that data is collected and used in policy debate and that the results of this work are used to adjust programmes and mobilize further resources. Further support from the United Nations will be needed to help with the efficient implementation of programmes.

The increasing number of partners and actors becoming involved with AIDS at the country level is appropriate and welcome.

In conclusion, the General Assembly special session process and Declaration of Commitment have had a significant impact on leadership and policy development in Indonesia. The Declaration is indeed a blueprint for action.

The Acting President: I give the floor to His Excellency Mr. Khurshid Kasuri, the Minister for Foreign Affairs of Pakistan.

Mr. Kasuri (Pakistan): Two years ago, at the twenty-sixth special session of the General Assembly, we adopted the Declaration of Commitment on HIV/AIDS. Some of the Declaration's time-bound commitments were due to be met in 2003. It is therefore appropriate to evaluate the level of their implementation. The statistics, unfortunately, present a grim picture. About 10 million people have been infected with the HIV/AIDS virus in the past two years. Another 6 million have died due to the pandemic. Since its outbreak in 1980s, more than 26 million people have perished, and many more are on the verge of extinction.

Around 90 per cent of AIDS victims live in developing countries, with its prevalence aggravated by hunger, disease, illiteracy and underdevelopment. AIDS has not only brought development in affected countries to a grinding halt but has in fact reversed the achievements of several decades. Combating HIV/AIDS and eradicating poverty must therefore go hand in hand. This needs the active and determined cooperation of the international community, particularly of the developed countries, to create an enabling international economic environment through enhanced debt relief, market access and official development assistance.

The establishment of the Global Fund to Fight Aids, Tuberculosis and Malaria was indeed a global response to a global crisis. As a partnership between Governments, civil society, the private sector and the affected communities, the Global Fund represents a new approach to international health financing. Pakistan is privileged to be on the Board of Governors of the Fund.

Against a projected requirement of $7 billion by 2007, the international donors have pledged $4.7 billion. However, the amount actually received so far has not exceeded $1.5 billion. Unless sustained with the requisite resources, the Fund will fail to meet its objectives. We urge the donor community to allocate additional resources for the Fund.

Having played havoc in Africa, Latin America and East Asia, HIV/AIDS is threatening our region, South Asia, with equally devastating effect. Fortunately, the situation in Pakistan is not alarming. While the numbers of reported and estimated cases in Pakistan are still relatively low, patterns of behaviour that may contribute to an epidemic spread of the infection are pervasive. There is therefore no room for complacency.

Conscious of that, the Government of Pakistan has taken several steps to translate the commitments made at the special session into action. The Government of Pakistan is currently providing 75 per cent of the total resources allocated for HIV/AIDS prevention in Pakistan. Our main emphasis is on increasing mass awareness, reducing discrimination against HIV/AIDS victims and providing free AIDS screening kits and voluntary counselling services. Civil society is supporting the Government's efforts and several national and international non-governmental organizations are fully involved in this campaign. We encourage their increased involvement.

The national AIDS control programme has been integrated into the social action programme projects with a budget of around 900 million rupees. The enhanced HIV/AIDS prevention programme, being implemented at a cost of about 3.6 billion rupees, is aimed at controlling HIV/AIDS in vulnerable populations and the general public. Currently, the Ministry of Health is in the process of developing an enhanced HIV/AIDS Control Programme for 2002-2007, with assistance of the World Bank, at a cost of 2.2 billion rupees. The salient features of the programme are as follows.

First is the development of the national guidelines for treatment of HIV/AIDS, including treatment with antiretroviral drugs, along with a training manual on the treatment modalities and regimens.

Second is the promulgation in October 2002 of the blood transfusion ordinance, which requires mandatory screening of all transfused blood and registration of blood banks in the country to prevent transmission of HIV through blood transfusion and blood products.

Third is the delivery of a defined package of services to vulnerable groups. Service delivery includes primary health care; ensuring access to adequate information and education; prevention and treatment of sexually transmitted infections; skill development; and the provision of voluntary counselling and testing facilities.

Fourth are research activities such as the mapping and social assessment of vulnerable groups; impact assessment and external review studies; the assessment

of blood transfusion services; and human resource development in areas related to HIV/AIDS, such as clinical management, counselling, health, education, communication and universal laboratory precautions.

We are aware of the need to take adequate preventive steps in order to prevent the epidemic from spreading and devastating people's lives. We have put the building blocks of a strong prevention programme in place. We are ready to accelerate and expand our efforts in concert with the international community to cope with the scourge of HIV/AIDS.

The Acting President: I give the floor to Her Excellency Ms. Libertina Amathila, Minister of Health and Social Services of the Republic of Namibia.

Ms. Amathila (Namibia): Two years ago, the Assembly adopted the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex). Today, Namibia welcomes the Secretary-General's progress report on the implementation of that Declaration (A/58/184). The report indicates how Member States are responding to the challenges posed by the HIV/AIDS pandemic; it also highlights areas that require increased attention.

The Government of Namibia provides leadership in HIV/AIDS prevention and control. Ever since the launching of the second medium-term plan on HIV/AIDS in 1999, the President of Namibia and cabinet ministers continue to be at the forefront in the fight against this epidemic. In June this year, the Prime Minister convened a special meeting of cabinet ministers on HIV/AIDS to evaluate the status of our national response and to map out new strategies. In July this year, the Prime Minister launched the Namibia Business Coalition on HIV/AIDS, which further strengthens the response of the private sector.

Prevention remains the mainstay of our expanded national response. We have set specific targets under the Second National Development Plan and under Namibia Vision 2030. We have established programmes for the general public, in particular for women and youth. We have also established workplace programmes in many sectors. Information on preventive measures is made available in all local languages. As a result, we are beginning to see stabilization and even reduction in the HIV infection rate, especially among youth. Last year, we established a programme for the prevention of mother-to-child transmission. That programme also provides for free treatment of both parents, thereby preventing early orphanhood.

Namibia subscribes to the principle that care, support and treatment are fundamental elements of an effective response. The Government of Namibia has committed itself to providing quality comprehensive treatment and care to its citizens. That includes the use of antiretroviral medicines. In May this year, I launched the National Guidelines for Antiretroviral Therapy. Since then, my Ministry has trained medical practitioners from both the public and private sectors on the use of those guidelines. The Government fully covers the cost of antiretroviral medicines for members of the Public Service Employees Medical Aid Scheme and for their dependents. Some private companies fully or partially cover the cost of antiretroviral therapy. Faith-based institutions have also taken concrete steps; recently, one church hospital started antiretroviral therapy.

The Constitution of the Republic of Namibia includes a Bill of fundamental Rights. People living with AIDS enjoy the same protection provided by the Constitution. In addition, the Government has enacted a law — the National Code on HIV/AIDS and Employment — which prohibits discrimination on the basis of an individual's HIV status.

The laws of the country provide for assistance to orphans and other vulnerable children, who are assisted financially as well as with education. Additional measures have also been taken, including the establishment of a special fund for orphans and other vulnerable children.

The facts about HIV/AIDS are known. The tools to arrest the further spread of infection are available, but the resources to do so are inadequate. The challenges of HIV/AIDS can be met with the provision of new, additional and sustained resources. We therefore applaud the establishment of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. We also welcome the initiative by President Bush to help fight HIV/AIDS in Africa, and we appreciate the contribution by our development partners.

In conclusion, the Government of Namibia remains firmly committed to the fight against HIV/AIDS. We shall ensure that the recommendations contained in the Secretary-General's report are taken on board in our third medium-term plan, which is currently being formulated.

The Acting President: I give the floor to His Excellency Mr. Manuel Dayrit, Minister of Health of the Philippines.

Mr. Dayrit (Philippines): I am honoured to address this meeting of Member States of the United Nations as we strengthen our resolve to take action against the scourge of HIV/AIDS.

Fortunately, the Philippines has so far succeeded in keeping the country's HIV prevalence low. At present, there are an estimated 10,000 cases of AIDS in the country, and every year about 100 cases are reported in the AIDS registry. Yearly surveillance activities have constantly shown a prevalence rate among our commercial sex workers of 1 per cent or below.

Early recognition, in 1987, of the threat of HIV infection galvanized an early response. An enlightened national law on AIDS prevention and control was adopted in 1998. However, to this day, risks remain high owing to a significant number of people engaged in commercial sex and practising high-risk sexual behaviour.

The Philippine National AIDS Council provides the framework for a nationwide education and information strategy through schools, health centres and the workplace. For our migrant worker population — a group known to practice high-risk behaviour — we have been conducting pre-departure orientation seminars to inform its members of the hazards of HIV/AIDS.

To date, the Philippine Government's policy on HIV/AIDS prevention and control has proved to be effective. The Philippine AIDS Prevention and Control Act of 1998 provides a legal framework for the national response to HIV/AIDS that is consistent with international best practice. The real challenge is to make that policy continue to work effectively in the face of growing challenges.

We are also cooperating with other Governments in our region with regard to migrant populations by addressing the various stages of the migration process — from origin to transit, destination and return. In that regard, together with our partners in the Association of South-East Asian Nations (ASEAN), we adopted the Seventh ASEAN Summit Declaration on HIV/AIDS in 2001. We are also fully committed to the ASEAN five-year work plan on HIV/AIDS for mobile populations, including overseas Filipino workers, seafarers, truck drivers, migrant workers and intravenous drug users.

We are acutely aware that our country's low prevalence situation must spur us to strive for even more effective preventive efforts, as well as to care for those already infected. We affirm our commitment to, and express our solidarity with, all countries in strengthening the political resolve to combat HIV/AIDS.

We join the call to mobilize Government and private-sector resources to respond to the needs of the millions who suffer from HIV/AIDS, 95 per cent of whom live below the poverty line. While there has already been a substantial increase in the resources to fight the diseases, more is needed if we are to succeed in halting the spread of infection.

We commend the Global Fund to Fight AIDS, Tuberculosis and Malaria for its work in supporting HIV/AIDS control efforts in many countries.

We join the call for all States to strengthen their capacity to combat the disease, safeguard their respective populations and care for the affected. Capacity-building is crucial at all stages of national AIDS programmes: planning, development, implementation, monitoring and evaluation.

The time has come for all of us to intensify the global will to fulfil the commitments made at the special session of the General Assembly on HIV/AIDS in June 2001 by taking the required measures and committing the necessary resources to enhance the global struggle against the pandemic.

The world looks towards us with great expectations — particularly the nations in sub-Saharan Africa, which have been gravely affected by HIV/AIDS, and those in Asia, where the epidemic is poised to wreak even greater havoc if aggressive preventive measures are not undertaken.

By strengthening political support, mobilizing resources in our respective countries and working in partnership with international organizations, civil society and the private sector, we should eventually defeat this deadly scourge.

The Acting President: I now have the pleasure of calling on a former President of the General Assembly, His Excellency The Honourable Samuel

Rudolf Insanally, Minister for Foreign Affairs of Guyana.

Mr. Insanally (Guyana): The countries of the Caribbean, including Guyana, are pleased and proud to see a native son of Saint Lucia presiding over the General Assembly at its fifty-eighth session and, particularly, over this high-level meeting on HIV/AIDS. We offer the President our warmest congratulations and good wishes. As has been noted, our region has recorded a rate of HIV/AIDS infection second only to Africa. Such is the magnitude of the pandemic that we stand to lose a high percentage of our youth and, consequently, of the human resources needed for our future growth and development.

It is of some comfort to note that since the special session of the General Assembly in June 2001, several significant additions have been made to the world's arsenal of tools and resources to fight against the pandemic. We especially welcome the establishment of the Global Fund, which, it is hoped, will make it possible for developing countries like ours to mount a more effective campaign against HIV/AIDS. We are disappointed, however, that the Fund has not yet been able to reach its financial targets and that many countries that have been approved for funding have yet to receive disbursements.

We also note with satisfaction the Bush emergency plan for AIDS relief, which has been introduced by the United States and will make available $15 billion to fight against HIV/AIDS, including a major effort in the prevention of the mother-to-child transmission of the disease. Guyana counts itself fortunate to have been identified as one of the 14 priority countries for that initiative.

Among the daunting challenges that developing countries like Guyana face are overwhelming poverty, suffocating debt burdens and debt-servicing obligations. The Heavily Indebted Poor Countries Initiative and poverty reduction strategy programmes have gone some way towards providing relief. Yet the relief processes need to be accelerated and made less restrictive, so as to allow countries like Guyana to invest in poverty-reduction programmes and build social services. These macro-development issues are at the very heart of our ability to provide effective responses to the HIV/AIDS crisis.

We have also been encouraged by the significant reduction in the cost of antiretroviral drugs and by the acceptance of the usefulness of generic drugs in the fight against HIV/AIDS. We must remain steadfast in our commitment to ensure that every person living with HIV/AIDS, regardless of where that person lives, is able to access effective treatment and care. We must also accelerate our efforts to make voluntary counselling and testing available to every citizen who wishes to have them.

While financial resources are critical, human resources also play an important role in the response to HIV/AIDS. Guyana is now facing a major constraint in retaining its highly-trained medical personnel, especially qualified nurses. Several developed countries continue to aggressively rob us of our medical personnel, especially nurses, recruiting them by offering salaries and working conditions that are far beyond our ability to match. This problem needs to be resolved through international cooperation so as to minimize the devastating impact of the migration of skills from developing countries. At the very least, financial programmes to assist us to expand our training programmes must be explored.

The world should not underestimate the magnitude of the HIV/AIDS pandemic. One only has to read the daily death announcements in some of our countries to realize that the victims being claimed by the disease are mainly the young — men, women and children who have been robbed of the opportunities that life may have had to offer them. Unfortunately, because of the stigma that is attached to it, HIV/AIDS is very much a silent killer. Despite our best efforts, there still appears to be a general reluctance to talk about the disease and its consequences, as if silence would rid us of the plague. This high-level meeting must therefore mount a collective assault to break down this barrier of silence so that this dreaded scourge can be fully understood and effectively addressed.

The Acting President: I give the floor to His Excellency Mr. Mohamed Benaissa, Minister for Foreign Affairs of Morocco.

Mr. Benaissa (Morocco) *(spoke in Arabic)*: I should like at the outset to join previous speakers in welcoming the convening of this very important high-level meeting on HIV/AIDS during the fifty-eighth session of the General Assembly.

I would like to thank the Secretary-General for his comprehensive and analytical report (A/58/184) on

the progress achieved in the implementation of the Declaration of Commitment on HIV/AIDS, adopted during the special session of the General Assembly in June 2001.

The HIV epidemic is by far the deadliest disease and a major cause of mortality, particularly in the developing countries.

The impact of the HIV/AIDS pandemic is particularly felt in our African continent, where, unfortunately, the epidemic continues to spread despite the tireless efforts of several sisterly African Governments.

According to the report of the Secretary-General, there has been a delay in the implementation of the Declaration of Commitment and in the commitments undertaken. However, there have also been some positive indications, giving grounds for hope that the situation can be reversed. We are encouraged by the efforts that have been made so far at the national, regional and international levels, which have yielded results. International commitments have provided a glimmer of hope for controlling the virus.

In that context, we note that Morocco has finalized a comprehensive strategy to combat AIDS, including a strategy for diagnosis and treatment, with the participation of all those working in Government and civil society, using media campaigns aimed at young people and the most vulnerable sectors of society. At the same time, that strategy takes into account the concerns contained in the June 2001 Declaration of Commitment.

It is my hope that before we gather here to assess the situation at the end of 2005, concerted efforts will be made by the international community, in particular by the donor countries and financial institutions. Finally, we hope that the Joint United Nations Programme on HIV/AIDS will take further measures to implement the Declaration of Commitment.

The Acting President: I give the floor to His Excellency Mr. Per Stig Møller, Minister for Foreign Affairs of Denmark.

Mr. Møller (Denmark): This year we have the opportunity to review the first of the time-bound targets set out in the Declaration of Commitment of the special session on HIV/AIDS.

I shall not dwell on how the impact of the epidemic is becoming increasingly alarming. The facts are all well known to the participants in this meeting, as are the challenges we are facing.

Along with goal 6 of the Millennium Development Goals, the Declaration of Commitment serves as an important tool to strengthen and accelerate the global fight against HIV/AIDS. The first set of targets, the ones we are reviewing today, relate mainly to the creation of an enabling policy environment.

Let me highlight a few of the many important findings in the report of the Secretary-General (A/58/184). First, with respect to the implementation of HIV/AIDS strategies and policies: in many countries, we now have the right policies and institutional frameworks to fight HIV/AIDS. What we need is implementation of the policies through broad-based, effective programmes. That will require political leadership. It will require a willingness to talk openly about the epidemic and to make the fight against the disease a political priority. Political leaders must stamp out all discrimination against and stigmatization of infected people. Civil society must be involved, and increased financial and human resources must be set aside for the fight in each and every country.

To illustrate this point: most countries today have national strategies for prevention, but very few people have access to basic information and prevention services. The report states that "the inability to deliver HIV prevention programmes on the scale required represents a critical missed opportunity" (A/58/184, para. 28). We must do more to provide sufficient coverage in order to reduce the number of new infections.

Secondly, with respect to the role of women: women stand out as particularly vulnerable to the epidemic, not least in sub-Saharan Africa. Most countries now have national policies to ensure equal access to services, but plans and policies alone will not reduce the special risks women face. To fight HIV/AIDS, we need the true economic and social empowerment of women.

Thirdly, with respect to funding: as we broaden the scope and add more interventions, the need for long-term, stable funding becomes more urgent. This is more important than ever now that care and treatment programmes are being scaled up. The donor community must live up to this challenge through increased

funding for HIV/AIDS activities. It is therefore encouraging to see the significant increase over the past year in resources for combating the pandemic. The Global Fund to Fight AIDS, Tuberculosis and Malaria is an important new financial mechanism. Together with partners in countries — Governments, civil society — the United Nations family and bilateral donors, the Fund has the opportunity to make a real difference. In our fight against HIV/AIDS, we need committed actors, closer cooperation, increased efforts and a balanced approach including prevention, awareness, enlightenment, care and treatment.

Denmark has a long tradition as a substantial donor and actor in development cooperation. We will live up to that standing through increased funding for HIV/AIDS activities bilaterally, multilaterally and through national and international civil society organizations.

The Acting President: I give the floor to His Excellency Mr. Jón Kristjánsson, Minister for Health and Social Security of Iceland.

Mr. Kristjánsson (Iceland): Iceland welcomes the report of the Secretary-General on progress towards the implementation of the Declaration of Commitment on HIV/AIDS (A/58/184).

In Iceland, the fight against HIV/AIDS is integrated into the fight against all sexually transmitted diseases. During the last decade the incidence of HIV has gradually been reduced among Icelanders. Contrary to the situation in most countries in the world, AIDS is rarely seen in our country nowadays as a result of effective treatment. At the same time, there has been an increase in the proportion of HIV infection among immigrants to Iceland. That shows clearly that no country is unaffected by the global burden of HIV infection.

Globally, the HIV/AIDS epidemic is an enormous ongoing burden to humanity. For the past two decades, the epidemic has spread all across the world. The Governments of all countries must speed up and strengthen long-term plans designed to reduce the social and financial impact of the epidemic. They need to support all activities necessary to achieve the goals set out in the Declaration of Commitment on HIV/AIDS in the fight against the epidemic. They need to take steps to improve the position of social classes that are disadvantaged and therefore at a greater risk of infection. They need to ensure access to treatment and care for all those who need it. They need to encourage the development of drugs and vaccines against HIV infection, and to ensure the availability of sufficient resources for the campaign against the AIDS epidemic.

Iceland will work towards the commitments set out in the Declaration of Commitment that are to be met by the year 2005 and the year 2010. Iceland is at present working to meet these goals through its International Development Agency, through its participation on the Executive Board of the World Health Organization (WHO), and by supporting the initiative of the Council of Baltic Sea States' Task Force on Communicable Disease Control in the Baltic Sea Region. Iceland has also committed itself to donating 15 million Icelandic kronas to the Global Fund on HIV/AIDS, Tuberculosis, and Malaria.

I believe that we can turn the tide by a combined effort of all nations in the battle against HIV/AIDS using prevention, care and treatment for those already infected.

The Acting President: I give the floor to His Excellency Mr. Jan Petersen, the Minister for Foreign Affairs of Norway.

Mr. Petersen (Norway): Combating HIV/AIDS requires global leadership, partnership and action. No Government can deal with the challenges of the pandemic on its own. We need an extraordinary partnership between political leaders, international organizations, national public health systems, civil society and the private sector.

Significantly reducing HIV/AIDS is a Millennium Development Goal. The Declaration of Commitment on HIV/AIDS sets out specific and ambitious, but still achievable aims. I welcome this opportunity to review achievements and reinforce efforts to reach the targets, with a sense of urgency incorporated in the timetable.

Prevention, treatment and care are equally important to fight HIV/AIDS efficiently. Without well-functioning treatment and care, prevention will also fail. We must strengthen national health systems to make them able to better develop and sustain programmes for treatment and care. Keeping infected people alive and well is not only the right thing to do, but also vital for a country's social stability and long-term economic future.

In this context, I welcome the agreement that was reached by the World Trade Organization (WTO) to provide developing countries with greater access to cheaper medicines, including HIV-related drugs.

This struggle requires us to apply distinct and mutually reinforcing approaches that reach out to men, women and children. We must promote male responsibility in order to achieve real changes in sexual behaviour. Norway is committed to the empowerment of women so that they can truly protect themselves. This has been a key goal of Norwegian development policy for many years.

We must encourage openness and dialogue towards our children. In South Africa, the campaign message is "Love your children enough to talk about sex". Moral leaders such as Nelson Mandela and Desmond Tutu are actively supporting the campaign. Such efforts are important contributions to reducing the further spread of HIV/AIDS, as well as reducing the stigmatization of those who are infected.

We have learned from the humanitarian crisis in southern Africa, which was caused by a combination of food shortages and HIV/AIDS, that emergency assistance and long-term assistance must be better coordinated and combined. The Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO) and the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria have important roles to play in assisting countries to address HIV/AIDS more effectively. We should look for ways to make multilateral efforts and other contributions function more effectively together.

Norway is a firm supporter of United Nations efforts to halt the HIV/AIDS pandemic through UNAIDS and its co-sponsoring agencies. We have contributed substantial funds to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, and other international initiatives. The fight against HIV/AIDS is an important element in our bilateral development cooperation programmes and our civil society organizations. In 2004, we plan to step up our support, including support through multilateral channels. We will reward performance.

I would like to conclude by paying tribute to the Secretary-General for his strong personal engagement and leadership in the fight against AIDS. He has made this a priority issue for the whole United Nations system. His engagement should be an example to all of us. We can only win the fight against HIV/AIDS if we make that fight a top priority and apply the necessary resources.

The Acting President: I give the floor to His Excellency Mr. Arnold Rüütel, President of the Republic of Estonia.

Mr. Rüütel (Estonia) *(spoke in Estonian; English interpretation provided by the delegation)*: The resolution passed at the twenty-ninth General Assembly special session two years ago to annually review the implementation of the Declaration of Commitment on HIV/AIDS reflects the topicality of HIV/AIDS in today's world. It also indicates the need jointly to react to the changing situation that was analysed in the Secretary-General's progress report.

Today we can state, on one hand, that a great deal of work has been done, and we can even talk about progress made in the fight against HIV/AIDS. On the other hand, in many parts of the world the number of infected people and victims is so high that the word "progress" is awkward to use in the overall context of HIV/AIDS.

The need to raise the political significance of the HIV/AIDS problem and to draft an aggressive strategy for fighting the disease has been emphasized from the United Nations rostrum and in other international forums.

I can assure you that during the period following the General Assembly special session, awareness of the severity of the problem has become more pronounced in our State, our region and the entire world. The people of the world are increasingly aware that this is neither a problem concerning only the infected and their families, nor a problem concerning only single States. This is a problem we must tackle together on a global scale.

In the fight against HIV/AIDS, prevention, treatment, care and support are intertwined activities, all needed for comprehensive national strategies. In this context, specifically, prevention plays a special role.

The spread of HIV/AIDS is a serious problem for Estonia as well. In Estonia's case, the specific characteristics are that it is a concentrated epidemic and that 70 per cent of those infected are young people 15-to-24 years old. The first outbreak of the epidemic was among intravenous drug users, but we have come

to the conclusion that it is being sexually transmitted outside the risk group as well. Therefore, we put special stress on our work with the young and on prevention campaigns. Through sex and health education, we can disseminate diversified information about the threat of HIV infection and its irreversible consequences.

In Estonia, we have been dealing with HIV prevention for about 15 years. Presently, we are engaged in the National HIV/AIDS Prevention Programme for 2002-2006, the third such campaign. Apart from the Government sector, the non-profit and private sectors, as well as local authorities, should also be involved in prevention. I would especially like to stress the role of schools and youth organizations. Prevention in institutions of detention is also important.

Estonia is aware of the need to allocate more resources for the implementation of anti-AIDS programmes. In Estonia, an active network encompassing the whole country and consisting of specialists from different levels has developed. Nevertheless, tremendous efforts are still necessary for the whole community to commit itself to the prevention of HIV infection.

One of the main risk groups in Estonia consists of drug addicts. Therefore, I would like to stress that the fight against HIV/AIDS should go hand in hand with drug prevention. This calls for even more aggressive international endeavours, especially against both drug and human trafficking.

We are very grateful for the assistance we have received from the Global Fund to Fight AIDS, Tuberculosis and Malaria. This support helps to even further intensify international cooperation in the fight against HIV/AIDS and significantly increases the number of partners that we have to work with.

Estonia would like to confirm, here in New York, its commitment to cooperating in the fight against HIV/AIDS. As the presiding State of the Council of the Baltic Sea States (CBSS), Estonia is putting great stress on cooperative projects in this sphere. The CBSS prime ministers established in 2000 a special Task Force on Communicable Disease Control to address the problem in that region. The Task Force is focusing especially on cooperative efforts to prevent HIV/AIDS.

I would also like to emphasize that Estonia shares the goals set by the European Union and is increasingly involved in various corresponding programmes. We also recognize the serious commitment that the World Bank has made to combating HIV/AIDS.

Despite the seriousness of the situation regarding one of the Millennium Goals, I would like to conclude on an optimistic note. I hope that, next year, we will be able to talk about the progress that has been made in increasing both our efforts and the results of these endeavours.

The Acting President: I now give the floor to His Excellency Mr. Nguyen Dy Nien, Minister for Foreign Affairs of Viet Nam.

Mr. Dy Nien (Viet Nam): The Declaration of Commitment on HIV/AIDS, adopted by the General Assembly two years ago, is a crucial document reflecting the political commitment of world leaders in the global struggle against this pandemic. The Declaration established, for the first time ever, time-bound targets to which individual Governments and the international community may be held accountable. It creates a key framework for cooperation at the regional and global levels to achieve the Millennium Development Goal of halting HIV/AIDS by 2015 and of beginning to reverse it in the following years.

In this light, our high-level meeting today is an important one. I wish to take the liberty of briefing the Assembly about what my Government has done towards that end.

Since the emergence of the HIV/AIDS epidemic in Viet Nam in 1990, the Government has given due attention and taken strong action to prevent it. The national programme on AIDS prevention was launched in the early 1990s under the guidance of a deputy prime minister. Ordinances on HIV/AIDS prevention and other important documents and instructions have been enacted, creating a legal framework for various activities in this regard. A technical group on HIV/AIDS has been set up to coordinate activities among donors and Governments. At the same time, constant efforts have been made to promote public awareness of HIV/AIDS infection and preventive measures, to gradually improve care and treatment services for the victims, and to maximize the involvement of the community and their families.

HIV/AIDS does not need a visa to travel. Its prevention depends on full cooperation among nations. Viet Nam has therefore worked closely with other countries within the regional and international frameworks. Our country report on the implementation of the Declaration of Commitment on HIV/AIDS was submitted to the Joint United Nations Programme on AIDS (UNAIDS). As HIV/AIDS brings colossal burdens in terms of finances and health care to bear upon the poor countries, Viet Nam calls on the developed countries to fulfil their commitments to contributing to the budget of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. In the same vein, big pharmaceutical corporations that hold intellectual property rights to HIV/AIDS medicines should adopt a policy on price reduction for poor countries and lease the patents to them so that they may produce medicines for their own patients.

I would like to take this opportunity, on behalf of my Government, to register our thanks to UNAIDS, the United Nations and other countries for the support and assistance they have extended to Viet Nam over the past years. Viet Nam looks forward to receiving continued cooperation in the future.

The Acting President: I now give the floor to Her Excellency Dro Manto Tshabalala-Msimang, Member of Parliament and Minister of Health of South Africa.

Ms. Tshabalala-Msimang (South Africa): I am proud to report that, in South Africa, we have turned the corner. We know that the levels of HIV and AIDS awareness have increased significantly, to higher than 95 per cent. We also know that this has resulted in behaviour change, because about 70 per cent of young women aged 15 to 19 years are reported to have no sexual partners in 2002, compared to 59 per cent in 1998.

The nutritional status of an individual is known to play an important role in decelerating the progression of HIV to AIDS, improving the quality of life and decreasing the prevalence and severity of the infectious complication of HIV and AIDS.

We have established at our Medical Research Council an Indigenous Knowledge Systems Unit to assess the efficacy and safety of traditional medicines. On 31 August 2003, we celebrated Africa Traditional Medicine Day and opened a World Health Organization Collaborating Centre on Traditional Medicines.

The policy and institutional framework are in place. Our country's response to the spread of HIV and the impact of AIDS is guided by our national strategic plan. We also have a constitutional dispensation that is based on equality before the law and therefore equity of access to all basic services is guaranteed.

In May 2002, 110 companies, which employ over 500,000 employees, were sampled. It was found that 54 per cent had formal HIV and AIDS policies. The average for companies with more than 500 employees was 84 per cent. A study of 77 medical schemes with almost 6 million beneficiaries showed that 78 per cent had an HIV and AIDS disease-management programme, but that only 0.3 per cent of beneficiaries make use of it. This clearly illustrates the serious nature of stigmatization and discrimination in influencing health-seeking behaviour amongst those who are infected and affected by HIV infection and AIDS.

We are investing in the health care infrastructure. South Africa ranks seventh on the list of 22 high-tuberculosis-burden countries in the world. Being a country in transition, we also have to address diseases both of poverty and affluence. This calls for a major investment in the total health care infrastructure to address the major natural and unnatural causes of death, including HIV and AIDS.

In November 2002, the Diflucan partnership with Pfizer, which provides free medication for the treatment of two AIDS-related conditions, was extended to include the whole Southern Africa Development Community (SADC) region. This is a good illustration of a public/private partnership initiative with the pharmaceutical industry.

We also provide triple therapy to survivors of sexual assault as part of a comprehensive package of support. The post-exposure prophylaxis programme includes counselling on the effectiveness and risks of using antiretroviral drugs for this purpose. We are currently investigating the cost and social implications of providing antiretroviral therapy in the public sector and the investment needed, over and above the existing public health care infrastructure.

As I speak, we have 31,000 vacant nursing posts and 3,500 vacant doctors posts in the public service. These posts are funded. We train enough doctors and nurses, but developed countries continuously poach our

valuable health workers. This practice weakens health care systems in developing countries.

Approximately 90 per cent of pregnant women in South Africa attend antenatal clinics. Of these women, more than two thirds have access to the programme for the prevention of mother-to-child transmission. Our biggest challenge is following up the baby-mother pairs in order to measure the impact of this intervention.

We have invested more than R20 million in the South African AIDS Vaccine Initiative.

We have political leadership. President Thabo Mbeki demonstrated his leadership by establishing the first multisectoral partnership against AIDS in 1999, now called the South African AIDS Council, chaired by the Deputy President. This forum includes, amongst other things, the business sector, labour unions, people living with AIDS, traditional leaders and healers, faith-based organizations, the Men's Forum Against AIDS and SADC Women Unite in Partnership Against AIDS.

In health care alone, we spend approximately R6 billion annually on HIV and AIDS out of a budget of R40 billion, which amounts to 15 per cent of the annual national health budget. We have budgeted from our own resources a further R3.3 billion for HIV and AIDS in order to ensure that we can address issues of home-based care, voluntary counselling and other programmes.

Our Cabinet is keeping its political commitment to allocating the necessary resources to fight HIV and AIDS. The SADC heads of State and Government recently adopted the Maseru Declaration. The African Union Summit, which was held in Maputo in July this year, further committed itself to implementing the Abuja Declaration and the Millennium Development Goals.

In conclusion, my delegation is satisfied that we have put in place a coherent policy and institutional framework to make a discernible impact in the fight against HIV and AIDS. We must all consolidate investment in the health-care infrastructure. We must sustain political commitment and leadership at the national, regional and global levels. We must avoid the practice of some international collaborating partners of parachuting programmes into developing countries without due consideration of the country's national strategic plans. We must work out a mutually acceptable arrangement and code of practice to regulate the exchange of health personnel between developed and developing countries, because we cannot afford the deliberate brain drain of our health personnel.

We look forward to coming back in 2005 to report to the United Nations on the programme of implementation of the Declaration of Commitment on HIV/AIDS.

The Acting President: I give the floor to His Excellency Dr. Alvaro Vidal Rivadeneyra, Minister of Health of Peru, who will speak on behalf of the Rio Group.

Mr. Vidal Rivadeneyra (Peru) (*spoke in Spanish*): It is a great honour for me to speak on behalf of the members of the Rio Group on a matter of such importance to all humanity.

The Declaration of Commitment on the subject under consideration, adopted by the General Assembly in June 2001, was a momentous event in the struggle against HIV/AIDS. In Latin America, the impact of this pandemic does not have the same consequences as it does in other parts of the world. In our region, this problem has been concentrated in populations of greater vulnerability and risk, posing the challenge and creating the responsibility for making significant progress in the search for a response appropriate to the dynamic of the epidemic and to the ecologic, social, cultural and economic factors that may contribute to spreading it.

We, the members of the Rio Group, are aware that we are living at a difficult time, when the health and well-being of humanity are being threatened by various factors, which, combined with poverty indexes, generate a double rate of disease, disabilities and early death in a great number of people. It is for that reason that, while meeting recently in Cuzco, we recognized that threats to public health such as HIV/AIDS also constitute a threat to the security of our peoples. The impact of the virus is actually stronger in societies that face economic and social problems that hinder them from reaching sustainable levels of development, which expands the current economic gap that exists worldwide and within each of our societies.

We have therefore endeavoured to join our efforts to meet the commitments we entered into two years ago. Those efforts can be discerned from a political framework to reduce the inequalities that variously affect the health of our peoples. That includes creating

programmes to address the problem at its different stages, namely, prevention, care, support and treatment. Nevertheless, effort and political will are sometimes not enough; more resources and additional training of qualified medical personnel are also required.

In that regard, we would like to emphasize the importance of the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria. The Fund has contributed to the implementation of programmes and to the expansion of infrastructure to relieve pain, save lives and contribute to the fight against such diseases. It is also necessary to find new sources of financing, which will help to strengthen national responses to the epidemic and make it possible for our Governments to draft new policies in collaboration with civil society and community-based organizations for people living with HIV/AIDS.

We must also mention the fact that efforts have been made at the regional level to attain a reduction in the price of medicines in order to improve the quality of life of, and increase access to medication for, people living with HIV/AIDS. To that end, the countries of the region have pooled their efforts this year to find the lowest prices for antiretroviral medicines and other health supplies. As a result of agreements between our Governments and pharmaceutical companies committed to the welfare of people, those efforts have had positive results.

On behalf of the member countries of the Rio Group, I would like, in this Hall, to renew the commitment we undertook during the special session of the General Assembly that took place in June 2001. In so doing, we reaffirm our ethical commitment to, and responsibility for, people living with HIV/AIDS in order that they may have full and safe access to the comprehensive medical attention they need, including adequate health services and social and emotional support. We must work together to continue creating mechanisms to promote people's universal access to prevention information through sex education in schools and information drives aimed at spreading the facts about the risks of this disease in order to create awareness among the population.

In that regard, we have been working assiduously to establish the Horizontal Technical Cooperation Group on HIV/AIDS in Latin America and the Caribbean in order to promote the exchange of information and, given the need to expand the scope of the work being done in this area, strengthen local capacity to develop basic clinical research while promoting the production of new medicines.

We will continue to work under the premise that we must address this problem while taking vulnerable groups into account, including gay men and other men who have sex with men, sexual workers, drug users — particularly intravenous drug users — orphaned children and migrant populations.

In closing, I would like to underscore the fact that the work in the fight against the pandemic has not yet come to an end. With the support of the international community, we will continue to unite our efforts to achieve the eradication of a disease that affects each and every one of us in one way or another.

The Acting President: I now give the floor to His Excellency Mr. Mustafa Osman Ismail, Minister for Foreign Affairs of Sudan.

Mr. Ismail (Sudan) (*spoke in Arabic*): It gives me pleasure at the outset, to congratulate the President on his election to the presidency of the fifty-eighth session of the General Assembly. We are confident that his long experience and high professional capabilities will lead to the success of this session. I wish to assure him of the support of my country in his endeavours to achieve the desired results of our work.

The special session of the General Assembly devoted to the issue of HIV/AIDS, which was held in June 2001 and which focused on all vulnerable groups and sectors, took place thanks to tireless efforts and a praiseworthy initiative to draw attention to the scourge of the century. In that regard, I would like to thank Secretary-General Kofi Annan for his commendable personal efforts. He has worked to raise the profile of the problem of AIDS and deserves our thanks for having worked to establish the Global Fund to Fight AIDS, Tuberculosis and Malaria. In the brief period since it was set up, the effects of the Fund have already been measurable. We hope there will be equal access by all affected countries to the Fund. I would like to take this opportunity to invite donors, and the Group of 8 in particular, to increase their contributions to the Fund.

Since the diagnosis of Sudan's first case in 1986, the number of declared AIDS cases in our country has grown continuously. That increase is the result of a number of common factors found in most sub-Saharan

Africa, including the prevalence of malnutrition, poverty and the lack of institutional capacity to confront the disease.

Given the lack of time, I would like to briefly list the main elements of our 2003-2007 national plan to combat and control AIDS.

The first element of the plan is to raise awareness of AIDS, which entails disseminating information about the disease and how it is transmitted and prevented. In particular, that information must be circulated among the most vulnerable groups. The second element is to disseminate the values and the principles of good conduct inspired by all religions to combat the disease directly and indirectly. The third element is to create groups to combat and prevent the disease throughout Sudan's provinces.

Mr. Alexandre (Haiti), Vice President, took the Chair.

The resources required to implement our plan are estimated to be $196 million. Foreign assistance and quick-impact programmes will be required from international organizations and funds in order to implement the plan.

AIDS is a serious threat to entire generations throughout the world, particularly Africa. It is a new obstacle to development with a devastating economic and social impact that impedes the success of national and international development efforts. Therefore, it is important to coordinate our efforts and to act seriously in order to confront one of the worst scourges to have ever afflicted mankind.

The Acting President: I call on Her Excellency Mrs. Maria de Fátima Lima Veiga, Minister for Foreign Affairs, Cooperation and Communities of the Republic of Cape Verde.

Mrs. Veiga (Cape Verde) (*spoke in French*): The report of the Secretary-General on the progress made in implementing the measures set out in the Declaration of Commitments on HIV/AIDS, adopted at the special session of the General Assembly on HIV/AIDS in June 2001, allows us to draw the following conclusions.

While we can note with satisfaction the progress regarding raising awareness in affected countries about the need for national strategies to combat AIDS up to 2003 — a goal that we feel has been partially attained — it remains preoccupying to see that the results we expected from this first phase of the implementation of the Declaration will not be fully achieved, among other things, because of the lack of resources. There is a trend toward the spread of the epidemic at the planetary level. We must attack the causes for this delay. Otherwise, we will frustrate the national and international efforts aimed at eliminating and curbing the HIV/AIDS scourge.

In Cape Verde, HIV/AIDS indicators show that an increase in the number of persons who have been infected and affected despite the efforts made by the Government. The 15- to 55-year-old age group — the most active sector of the population — has been struck most intensely. We started fighting AIDS in the 1980s in Cape Verde, after the first case appeared in 1986. In February 2002, we adopted a national strategic plan to fight AIDS for the period from 2002 to 2006. That plan was drafted in collaboration with the Government, municipalities, the United Nations, non-governmental organizations and grassroots organizations. A reference action plan was also adopted.

The Cape Verde Government is resolutely committed to combating this terrible epidemic, which has affected the entire planet, particularly Africa. It has established a committee to fight AIDS, which is a multisectoral institution chaired by the Prime Minister himself. The committee is composed of representatives of Government departments, civil society, the media, religious institutions and the private sector.

Combating AIDS is primarily a moral imperative and a crucial challenge for world peace and security. All the efforts to attain the Millennium Development Goals could be frustrated by the magnitude of this scourge. It is therefore urgent to stop it through the coordinated and focused action of the partners — Governments, the United Nations system, non-governmental organizations, civil society, the private sector and individuals — taking into consideration the characteristics and the seriousness of the situation in each area. The Joint United Nations Programme on AIDS (UNAIDS) and the Global Fund to Fight AIDS, Tuberculosis and Malaria are the essential tools for concerted action.

While commending the contributions already made, I reiterate our appeal to the community of partners for development to be generous in contributing to the Programme and the Fund, so that they will be able to attain the set goals.

The Millennium Summit and the Declaration of Commitment on HIV/AIDS have raised fresh hopes in humanity's tremendous effort to eliminate poverty and overcome AIDS. Today we have the unique opportunity to transform those hopes into realities through concrete and generous commitments. The poor and those living with AIDS throughout the world are looking to us here at this special session of the General Assembly. We cannot, and we must not, disappoint them.

The Acting President: I give the floor to His Excellency Mr. Wellington Godo, Permanent Secretary of the Minister for Health of Kenya.

Mr. Godo (Kenya): On behalf of my delegation, let me congratulate the President and the Secretariat for having convened this very important meeting, which discusses a topic that is very close to the hearts of every delegation represented in this House.

My presentation is a brief report of what the Kenya Government has been able to accomplish in the past two years. As part of the political commitment, after the formation of the new Government, a sub-committee of cabinet was established to mount a total war against HIV/AIDS, which is chaired by His Excellency the President of the Republic of Kenya, assisted by the Minister for Health. He took this action because he wanted to be a general who leads from the front, and not from the back.

This is also in line with the commitments that Kenya made during the special session of the General Assembly on HIV/AIDS held in New York in June 2001, and the African Summit on HIV/AIDS, Tuberculosis and other Related Infectious Diseases held in Abuja, Nigeria, the same year. During both meetings, the heads of State and Government undertook to provide leadership with the highest political commitment in the fight against HIV/AIDS.

Regarding the implementation of HIV/AIDS programmes, we have developed and launched a national AIDS strategic plan, and I am glad to report today that much progress has been made through partnerships, community-based organizations, non-governmental organizations and faith-based organizations, which have taken on the responsibility of scaling up prevention programmes at grassroots levels.

We are also targeting the young people, who form 60 per cent of the population, in order to reduce HIV/AIDS prevalence. Such a programme will include increased access to voluntary confidential counselling and testing, where more than 200 voluntary counselling and testing sites have been established during the past two years. It is expected that those sites will increase to 350 in the next two years. Members of the Assembly all appreciate the emerging urgency to reduce the suffering of our people by increasing access to essential medicines for HIV/AIDS.

We have also taken steps, in partnership with other developing partners, to expand access to antiretroviral drugs as a priority. It is expected that, by the end of 2003, nearly 11,000 Kenyans will be on antiretroviral drugs, of which more than 3,000 will be covered by the public sector. The rest are going to be provided drugs through missionary health service delivery and workplace-based antiretroviral programmes through employers and the private sector, as well as through private physicians.

In this regard, the Government is strengthening the infrastructure for health-service delivery, developing the capacity of health workers and improving laboratory services to cope with the management of antiretroviral programmes.

In order to reduce the proportion of infants infected with HIV, services for the prevention of mother-to-child transmission (PMCT) have been increased to accelerate the uptake, through collaboration between the reproductive health and HIV/AIDS programmes. There are currently more than 100 PMCT sites countrywide with adequately trained service providers.

As a consequence of increased mortality among young and productive parents, Kenya has one of the highest number of AIDS-related orphans, currently numbering 2 million. We have therefore embarked on a process of formulating policies and guidelines for orphans and other children made vulnerable by HIV/AIDS.

In partnership with members of Parliament and key partners such as the United Nations Children's Fund (UNICEF), we have put in place measures to address their economic hardships, education, health care, nutrition, rights to inheritance, and protection from the potential dangers of drugs and HIV infection.

The burden of HIV/AIDS is placing a very heavy load on health workers and having a negative impact on service delivery. We have initiated measures to improve the capacity and the working conditions of health-care personnel. Within the laws of the country, the Government has also made progress in rationalizing human rights and fundamental freedoms to guarantee a reduced vulnerability to AIDS through any form of discrimination.

In conclusion, I wish to take this opportunity to thank the Global Fund to Fight AIDS, Tuberculosis and Malaria for approving Kenya's financial request. These additional resources will enable the Government to penetrate rural areas and arid and semi-arid parts of the country; meet the needs of underserved communities; and scale up interventions that have proved cost-effective.

In this regard, my delegation would like to appeal to the international community, civil society and the private sector to continue contributing to the Global Fund so that it can continue assisting those in dire straits in order to fight the HIV/AIDS pandemic. Kenya fully subscribes to all international efforts geared towards reducing the burden of diseases related to HIV/AIDS, tuberculosis and malaria and other related infectious diseases, and we look forward to sustained support from the international community.

The Acting President: I give the floor to His Excellency to Mr. Jan Karlsson, Acting Minister for Foreign Affairs of Sweden.

Mr. Karlsson (Sweden): I am addressing the General Assembly at a very difficult moment. Sweden has lost its Minister for Foreign Affairs, Anna Lindh. She fell prey to senseless, meaningless violence. In the midst of our grief, our determination to defend democracy and an open society grows stronger. Our engagement for the United Nations, for international cooperation, human rights, peace and justice remains. This is the best way to honour the memory of Anna Lindh.

The fight against HIV/AIDS can be won only if we work together — using the experience we have and learning from those who have succeeded in halting the spread of HIV/AIDS and those who have managed to make life easier for people living with the disease.

Let me outline five lessons learned.

First, our worst enemy is passivity. The countries that have succeeded in halting the spread of the pandemic have one common characteristic: there has been a clear and strong national leadership. That has been the case in Uganda, Senegal and Thailand.

We also have examples to the contrary. Such cases have been partly responsible for HIV's spreading like wildfire. This is now changing. We are seeing stronger leadership in many stricken countries and in the international community as a whole. I very much welcome the South African decision to launch a national antiretroviral treatment programme that will contribute to a truly comprehensive response to HIV/AIDS.

Secondly, we can win this fight only with open eyes and open minds. People will continue to have sex. Young people need our support and guidance, and it is our obligation to equip them with the necessary knowledge and services so that they can protect themselves and their partners.

It is our obligation to empower young men and women, so that they have the strength to choose with whom and when they wish to have sex — and when they do not. Better knowledge about sex and about sexually transmitted diseases does not lead to increased promiscuity and more teen-age abortions — on the contrary. Access to information enables the kind of responsible behaviour that we strive for and which contributes to reducing the spread of HIV/AIDS.

Thirdly, women are key. As was pointed out by my Danish colleague, Per Stig Moeller, women carry a disproportionate burden of the epidemic. They take care of the sick and are responsible for the welfare of the whole family. More women and girls are becoming infected due to sexual harassment and violence, coerced sex and outright rape, not seldom in their first sexual encounters and in encounters leading to pregnancy.

The strengthening of the position of women will actively and forcefully contribute to the fight against HIV/AIDS.

Fourthly, we need more resources. We must treble the expenditures being made today in order to reach the required level of $15 billion per year in 2007.

Sweden is increasing official development assistance from 0.81 per cent of gross domestic product to 0.86 per cent. This is a step towards our goal of

again realizing the 1 percent target of official development assistance.

An ambassador responsible for issues related to HIV/AIDS has been appointed by the Swedish Government. We will increase support for the Joint United Nations Programme on HIV/AIDS (UNAIDS) from $7 million to $12 million, and to the United Nations Population Fund (UNFPA) from $25 million to $33 million. Our support for the Global Fund next year will be $37 million.

Finally, HIV/AIDS is about power. We need to break traditional power structures. The right to knowledge and information, the right to health, the right to counselling and condoms, the right to control over one's own body — these touch on sensitive issues, related to the balance of power in society between men and women, between children and parents, between rich and poor.

This makes HIV/AIDS prevention one of the most controversial topics in the world today. It challenges both patriarchal structures and dogmas. This makes our struggle difficult, but no less important. We must do our best to overcome our differences. We owe it to those living with HIV/AIDS and to the large number who are at risk of becoming infected.

The Acting President: I give the floor to His Excellency Mr. Brian Cowen, Minister for Foreign Affairs of Ireland.

Mr. Cowen (Ireland): The fifty-eighth session of the General Assembly opens at a time when we will be responding to the Secretary-General's call for a reflection on the future role of the United Nations. In looking back at a successful United Nations global meeting which dealt with an issue of direct relevance to millions of people, we remind ourselves of the importance of multilateralism in the age of globalization.

I intend to use Ireland's presidency of the European Union (EU) in the first half of 2004 to drive forward the positive role the Union must play in the fight against HIV/AIDS. We will therefore prioritize work on HIV/AIDS in the development agenda of our EU presidency. To that end, on 23 and 24 February 2004, the Irish presidency of the European Union (EU) will convene a ministerial meeting in Dublin to intensify cooperation against HIV/AIDS in Europe and Central Asia. At that meeting, 53 Ministers representing the Governments of the region will meet to decide on a workable agenda of cooperation against this common threat. The United Nations Joint Programme on HIV/AIDS (UNAIDS) and the United Nations Children's Fund have agreed to work with us in the preparation of the Dublin conference, which will also involve close cooperation with the European Commission.

The success of the General Assembly special session was due in large measure to the tireless commitment and leadership of the Secretary-General himself. Strong and sustained political commitment from the top is crucial to overcome stigma, discrimination, fear and bureaucratic inertia.

A particular challenge faces leaders in countries where the disease is gaining a foothold but has not yet reached epidemic levels. They are on the edge of a precipice, and only resolute political leadership can stem the spread of the disease and prevent an economic and social catastrophe.

We must not lose our focus on strong and effective prevention programmes. These continue to be seriously underfunded, and they lack political support. The Secretary-General's report points out that, globally, fewer than one in four people at risk of infection is able to obtain basic information regarding HIV/AIDS. That is a key challenge that must be tackled if we are to save the lives of millions of young people.

The recent World Trade Organization agreement on access to medicines paves the way for the provision of life-saving drugs to millions of infected people. Ireland recently signed an agreement with the Clinton Foundation to cooperate with the Government of Mozambique in the establishment of a national treatment regime as part of a comprehensive approach that also includes prevention, care and support.

How will fragile health systems in very poor countries equitably provide life-saving drugs in a way which does not divert scarce resources from the provision of basic health care services? I believe we need a new international forum, under the auspices of UNAIDS and its sponsors, where donors, developing countries, non-governmental organizations and the pharmaceutical industry can share views and practical experience. It is only through such international cooperation that treatment regimes can be provided in a

way that strengthens, rather than overwhelms, health systems.

Prevention, care and treatment cost money. It is essential that pledges to the Global Fund be turned into hard cash, and quickly. Ireland has fully paid in 20 million euros to the Fund. Within the framework of the massive increases in Ireland's overseas development aid spending in recent years, as we pursue the objective of achieving the United Nations target of 0.7 per cent of gross national product by 2007, the volume of our overseas development aid committed to HIV/AIDS programmes increased tenfold to more than 40 million euros in 2002.

Given the gravity of the challenge, it is imperative that every cent mobilized for HIV/AIDS be well spent. We need stronger coordination at the global level among the relevant United Nations agencies, the World Bank and the Global Fund. I would like to see the issue of HIV/AIDS as a standing item on the agendas of the executive boards of the UNAIDS sponsors and at the World Bank/International Monetary Fund Development Committee.

We also need stronger coordination at the national level. The Governments of developing countries struggling to contain the epidemic should not be faced with a proliferation of donor-driven committees, competing agencies and endless demands for reports and assessments. HIV/AIDS should be prioritized as an area where commitments to donor harmonization are put into practice. I fully support President Chirac's call this morning for an annual review by the General Assembly of progress in the war against HIV/AIDS.

In addition to dealing with the present threat, we must continue to work together to ensure that future generations are protected from the disease through a cheap and effective vaccine. Ireland has been a supporter of the International AIDS Vaccine Initiative from the outset. We continue to see that public-private initiative as offering hope for the future through clinical trials, which are pushing forward the global search for a vaccine. We are also founder-members of the International Partnership for Microbicides, a new research initiative which should make a major contribution to prevention efforts.

I regret to inform Members that I have exceeded my time limit. Therefore, in finishing my statement, I want to say that we will continue to work with international agencies to continue to work to try to deal with this massive problem for the world and for the international community.

The Acting President: I give the floor to Her Excellency Mrs. Benita Ferrero-Waldner, Minister for Foreign Affairs of the Republic of Austria.

Mrs. Ferrero-Waldner (Austria): Two years after our special session on HIV/AIDS, the disease is still a lethal threat to millions of individuals and an impediment for the economic development of whole countries, regions and even continents. Increasing mobility contributes to the speedy spread of the illness. We are talking about fellow human beings who are suffering. We are talking about children being infected in their wombs — children without a chance to reach adulthood.

The international community is called to action. I welcome the report of the Secretary-General (A/58/184) on progress towards meeting the targets set out in the 2001 Declaration of Commitment on HIV/AIDS as an excellent basis for today's discussion. I share his view that an effective international response to the pandemic must be grounded in respect for human rights principles, norms and standards. Many countries indicate that the linkage of human rights and HIV/AIDS is, for national policy-makers, a relatively new concept that is not yet integrated into national legal frameworks.

Permit me to express Austria's full concurrence with the statement made earlier by the representative of Italy, which currently holds the presidency of the European Union, as well as my country's full support of the measures taken by the European Union in the fight against HIV/AIDS, in particular the European Union contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. I also fully support the statement of the representative of Mali, which currently holds the presidency of the Human Security Network. Austria is a member of that Network and a past president and member of the current Network troika. Let me also express my appreciation for the leadership provided by President George W. Bush when, in his "State of the Union" message earlier this year, he earmarked $15 billion for combating HIV/AIDS.

In my statement, I wish to focus on three aspects. The first is definitely a positive one; the second concerns HIV/AIDS and human rights; and the third concerns HIV/AIDS and combating poverty.

First, I want to let everyone at this meeting know that I have not come to appear in front of them empty-handed. I am pleased to inform them that Austria is currently engaged in discussions with the United Nations Children's Fund (UNICEF) with a view to financing UNICEF's project on expanded and innovative HIV/AIDS prevention focusing on youth in Ethiopia. The programme is currently scheduled for two years, 2004 and 2005, and the Austrian contribution will be $400,000.

Secondly, I want to address the issue of how human rights are inextricably linked with the spread and impact of HIV/AIDS on individuals and communities around the world. HIV/AIDS is more than a health problem - it is a challenge to society as a whole. In his report, the Secretary-General shows that, where individuals and communities are able to realize their rights to education, free association and, most importantly, non-discrimination, the personal and societal impact of HIV and AIDS are reduced.

In this context, I would like to draw the Assembly's attention to the importance of human rights education. During my recently concluded presidency of the Human Security Network, I made human rights education a priority theme for the interregional group of countries from all five continents with the aim of coming up with concrete results. The ministers of the Network stressed at their recent meeting in Graz, Austria, the importance of the struggle against HIV/AIDS and their commitment to working both individually and collectively towards recognition of HIV/AIDS as a human security threat at national, regional and international forums and to share experiences and best practices in addressing HIV/AIDS across regions.

HIV/AIDS was identified by the ministerial meeting as one of the priorities of the three-year work plan of the Human Security Network alongside other issues, such as human rights education and the problems of children in armed conflict, which has a very strong HIV/AIDS-related component. The ministers of the Human Security Network also adopted a manual on human rights education. This training tool is designed for global use and adaptable to a variety of target groups.

I now come to my third and final point. Combating HIV/AIDS must also be coordinated with our efforts to reduce poverty. The overwhelming burden today is born by developing countries, where the disease threatens to reverse vital achievements in human development. HIV/AIDS and poverty mutually reinforce each other. In this context, I am happy to announce that the budget for Austrian development cooperation will increase by 35 per cent in 2004.

Today, putting human rights and the fight against poverty at the heart of the international response to the HIV/AIDS epidemic is more important than ever. We therefore hope that the time is right to act.

The Acting President: I now give the floor to His Excellency The Honourable Bill Graham, Minister for Foreign Affairs of Canada.

Mr. Graham (Canada): When we met here two years ago to adopt the Declaration of Commitment on HIV/AIDS, we already knew that the crisis facing us was both urgent and catastrophic. Today, the ravages of this pandemic are affecting almost everything the United Nations and Member nations are trying to accomplish and threatening to subvert progress in areas such as development, trade and agriculture. We cannot hope to achieve any real success in our collective efforts until we address this pandemic and the devastation it has wrought on societies around the world.

(*spoke in French*)

This is not to deny that some progress has been made in the past two years. The United Nations has integrated the reality of HIV/AIDS more broadly into its operations, led by the excellent work of Secretary-General Annan and Peter Piot of the Joint United Nations Programme on AIDS. National efforts are also being scaled up, with encouraging results in countries such as Mozambique, Thailand and Senegal. In other countries, including Ethiopia and Uganda, the pandemic is showing signs of abatement. This trend will continue only if we succeed in breaking the cycle of transmission. This requires seriously addressing the disproportionate impact of HIV/AIDS on women and girls, through measures including access to high quality sexual and reproductive health care and services. We must also fight the violence inflicted on women when they try to take preventive measures.

New approaches to the pandemic are being considered by groups of like-minded States and such innovative thinking should renew our collective resolve to fight for each human life at risk.

Finally, some progress is being made in ensuring that care and treatment, as well as prevention, are available in developed and developing nations alike. The World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights and public health represents significant progress in that regard. In spite of this progress however, the Secretary-General reminded us this morning that we still have a long way to go if we want to fulfil the commitments already made.

(*spoke in English*)

In Canada, we have worked hard to implement the Declaration of Commitment and we are currently renewing the Canadian strategy on HIV/AIDS in light of what we have learned from long years of struggle and in difficult conversations among our citizens. Canada's approach to HIV/AIDS is a rights-based one that embodies the principles of the Declaration of Commitment. We place the highest priority on ensuring the protection and full enjoyment of all human rights for everyone affected. We work to protect the human rights of the most vulnerable persons affected by HIV/AIDS, including injection-drug users, commercial sex workers, aboriginal peoples, women, children, refugees and our gay and lesbian community. Our HIV/AIDS strategy is grounded in the Canadian Charter of Rights and Freedoms and draws on a strong institutional framework that backs up legal protections with means of recourse when rights are violated.

Canada's efforts focus on preventing the spread of HIV through information and education. We know that prevention works best where comprehensive care, treatment and support are available; and we also know that countering stigma and discrimination is crucial in getting prevention messages across and in helping people access care. We have learned that societal attitudes about sex cannot be allowed to prevent the sharing of information that saves lives.

In this context, I am proud to say that yesterday, I, like some 10,000 other citizens of my city of Toronto, participated in the annual AIDS walk in that city, an activity organized by the AIDS Committee of Toronto to raise awareness of HIV/AIDS and to raise funds for its prevention and cure. Over the past years, we have raised some $7.5 million through the efforts of ordinary citizens from every walk of life, from all the multicultural communities of our very diverse city, with the active participation and encouragement of local, provincial and federal politicians from every political party in our system. I am also proud to say that similar events took place in 130 other communities across Canada — a community response to a pandemic that affects us all.

Our strategy has also made gains by going beyond Government to engage all sectors of society. By working together with people living with HIV/AIDS, vulnerable social groups, non-governmental organizations and business, we have extended our efforts into spheres that Government alone cannot reach.

In the face of this pandemic, we must ensure universal access to prevention, treatment and support in all nations. More than ever, it is urgent that all nations work with their citizens at home and with each other abroad. I can assure the Assembly that Canada is wholly committed to this goal.

The Acting President: I now give the floor to His Excellency Mr. Alain Bédouma Yoda, Minister for Health of Burkina Faso.

Mr. Yoda (Burkina Faso) (*spoke in French*): On behalf of Burkina Faso and its President, Mr. Blaise Compaore, who is the President of the national campaign against HIV/AIDS and sexually transmitted diseases, it is my honour to express my great satisfaction at the convening of this meeting and to convey my warm congratulations to Mr. Kofi Annan on the skill he has shown in implementing the decisions taken at the Millennium Summit.

For the past two decades, the HIV/AIDS epidemic has been a subject of great concern. During our special session in June 2001, Burkina Faso, like many countries, committed itself to making the required efforts to meet the objectives set. Thus, since 2001, my country has strengthened its national commitment and assessed its composite index of national policies at 100 per cent. In terms of the financial index of this national commitment, Burkina Faso is proud of having invested approximately $4 million in 2002 in various projects and programmes to combat HIV/AIDS, including $2.5 million from State funds and the Heavily Indebted Poor Countries Initiative. We hope that these figures will have risen by the end of the year.

As for national programmes and behaviour, we note the following points. Regarding prevention within

the framework of the multisectoral campaign, ministerial committees to combat HIV/AIDS were established and have been operating since 2002. These represent 18 ministries, each with a specific prevention programme. Of the 30 largest enterprises in our country, eight of them launched a specific programme in 2002 to combat HIV/AIDS and 13 others are now under way. Thus, by the end of 2003, 50 per cent more businesses will be actively involved.

On the level of decentralization, 13 provinces are now engaged in prevention activities to the benefit of 4,000 villages, accounting for some 45 per cent of the Burkina Faso population. Several hundred non-governmental organizations and associations, along with traditional and religious communities, are also in the field side by side with the other actors in that campaign.

The Burkina Faso programme for the prevention of mother-child transmission began in May 2002. As of today, 21 per cent of pregnant women who have tested HIV-positive have participated in the programme. Recent agreements with technical and financial partners, including the Global Fund to Fight HIV/AIDS Tuberculosis and Malaria, the World Bank and the African Development Bank, will further accelerate progress in that field.

Regarding health care and treatment, for the past five years we have been developing a far-reaching programme for the treatment of opportunistic infections. On the other hand, the situation remains highly critical regarding the use of antiretroviral medicines. It is on that field of activity that Burkina Faso focused all its efforts since 2001, resulting in a fall in the price of these drugs following negotiations with pharmaceutical firms and, more recently, the signing of conventions with the Cipla laboratories and Brazil for access to generic medicines. Finally, the Government of Burkina Faso recently adopted a project for the large-scale production of spirulina to combat malnutrition in children and AIDS patients.

Regarding the primary challenge of changing risk behaviour, two specific investigations in 2001 and 2002 allowed us to determine that the rate of young people between the ages of 15 and 24 who have an understanding of HIV/AIDS prevention is at 60 per cent, while the figure for those who do not hold "misconceptions about the transmission of the disease" has fallen to 46 per cent.

Despite my country's tireless efforts, we are obliged to note that, notwithstanding the fall in the prevalence rate of the disease from 7.17 per cent in 1997 to 6.5 per cent in late 2001, confirmed cases remain steady at an average of 1,200 to 1,300 a year. Thus, Burkina Faso reiterates its urgent appeal to the international community to pursue its ongoing and substantive efforts. These efforts should allow access for all those who suffer from AIDS, without any form of discrimination, to treatment with antiretroviral drugs and other forms of medical care. Antiretroviral medicines must become more financially and geographically accessible to all. My country keenly hopes that the procedures of the Global Fund will be facilitated for all beneficiaries, because those who have the disease cannot continue to wait for the end of all the tests to which the primary beneficiaries are subjected.

Two years after the Declaration of Commitment on HIV/AIDS of June 2001, have we fully kept our promises on the regional and global levels? It seems to me that a number of things remains to be done to ensure that future generations will be able to judge us kindly. We are convinced that the Declaration of Commitment is well grounded and that its implementation must be pursued so that the 2005 review will be more positive and a major step can be taken in the campaign. The world community must meet this challenge vigorously so that AIDS, this plague of our time, may soon be nothing but a horrible memory to our peoples.

The Acting President: I now give the floor to His Excellency Mr. Dimitrij Rupel, Minister for Foreign Affairs of Slovenia.

Mr. Rupel (Slovenia): AIDS represents one of the greatest dangers in today's world. It causes human suffering and personal tragedies. AIDS undermines the economic and social development and security of many countries, particularly those already weakened by underdevelopment, poverty and hunger, or even by war. With the adoption of the Declaration of Commitment on HIV/AIDS two years ago, the international community pronounced itself in favour of resolute global action against the HIV/AIDS epidemic. It is now time to assess what has been achieved and where we should direct our efforts in the future.

By convening this high-level series of meetings, the United Nations has confirmed that the fight against

HIV/AIDS remains one of its priorities. Slovenia welcomes the progress report by the Secretary-General on the implementation of the Declaration of Commitment. We are glad that it has become an important reference for developing strategies in the fight against HIV/AIDS at all levels. All relevant protagonists — Governments, civil society and the medical profession — recognize that it is an important tool in the endeavours to reduce the scope and consequences of the HIV/AIDS epidemic.

Unfortunately, projections show that the epidemic — particularly in countries with low- and medium-level national incomes — will continue to spread if preventive and containment action does not improve considerably. Countries that have not yet adopted national strategies must be encouraged to do so, since the HIV/AIDS epidemic is a global threat requiring a global response and the cooperation of all relevant parties.

The success of global action must be assessed in terms of success at the individual level, since the fight against HIV/AIDS is focused on the human being and his/her security, well-being and dignity. One should not neglect the human rights aspect in the fight against HIV/AIDS. Many individuals affected by HIV/AIDS are discriminated against, stigmatized and isolated due to a range of prejudices. The repeated discrimination that many of those individuals infected, ill, or otherwise affected face due to other personal circumstances must be prevented.

As a new member of the European Union, Slovenia will contribute to joint efforts to the best of its abilities and within the framework of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. We believe that the Fund will provide those infected with HIV better access to antiretroviral drugs.

Slovenia is aware of the threat. Through its sustained and consistent efforts, the number of HIV-positive individuals in my country has been kept at a very low level. Considerably fewer than one individual per 1,000 inhabitants is living with HIV/AIDS. During the most recent five-year period from 1998 to 2002, the annual reported incidence rates of newly-diagnosed cases have remained fairly stable.

We believe that this success is a result of a multisectoral and comprehensive approach that was adopted with the national strategy for AIDS prevention and care. The three broadly-defined objectives of the national AIDS Prevention and Control Programme are to prevent the spread of HIV infection, to reduce the personal and social impact of HIV infection and AIDS, and to mobilize and unify national efforts for prevention and control.

This approach has proved to be a good model for the control of the spread of the HIV/AIDS epidemic. On this occasion, I would therefore like to reiterate Slovenia's readiness to share its knowledge and experience with other countries, as well as to participate in regional or global efforts for developing strategies and effective responses to the HIV/AIDS pandemic.

The Acting President: I now give the floor to His Excellency The Honourable Dato' Chua Jui Meng, Minister for Health of Malaysia.

Mr. Meng (Malaysia): Two years ago, we gathered here to commit ourselves to arresting a pandemic that has not spared any country and that has raged like wildfire, fuelled by poverty, ignorance, unsafe sex and drug abuse.

Long before the special session of the General Assembly in 2001, Malaysia had already taken heed of the HIV/AIDS epidemic at our doorsteps and had taken measures to ensure that the safety of our people, especially our young, was not compromised. Prevention, treatment, care and support programmes have been in place since 1985.

We realize that, if we are to succeed against HIV/AIDS, we will need governmental commitment. In the past two years, the Malaysian Government has made available about $21 million for HIV/AIDS-related work. Of this sum, $8.3 million were spent on HIV prevention and control and $10 million on clinical care and treatment.

Because 80 per cent of infections in Malaysia occur among young people aged 20 to 35, the Government has placed great priority on prevention programmes for our young. This includes the Anti-AIDS Program for Youth — what we call PROSTAR — which has trained 40,000 young people as peer educators on HIV/AIDS. They in turn have reached out to over 800,000 young Malaysians, empowering them with knowledge about the disease. In addition, we support other non-governmental organizations that work among our young. In 2003, the Malaysian Federation of Family Planning Associations

was given $500,000 to provide sexual and reproductive health education, including on HIV/AIDS, via the Internet to Malaysian youth.

Women are also a priority area. Since 1998, the Government has provided free and voluntary HIV screening to pregnant women at antenatal clinics and has given free antiretroviral treatment to HIV-positive mothers to prevent transmission of the virus to their babies. Over the past five years, 1.5 million mothers have been screened. In 2002, only five babies infected with the virus were born from 110 HIV-positive mothers — a low transmission rate of only 4.55 per cent compared to the expected 30 per cent if treatment had not been given. In addition, all the HIV-positive mothers and their babies identified through this programme are entitled to free antiretroviral treatment.

More, however, needs to be done to address prevention of HIV infection among women and, to that end, we are assisting the Ministry of Women and Family Development and women's and HIV/AIDS non-governmental organizations in undertaking research to better understand the issues related to the spread of the epidemic among Malaysian women.

The Malaysian Government's allocations for HIV/AIDS demonstrate clearly that Malaysia is taking a multisectoral approach. We realize that HIV/AIDS is more than a medical issue and that an appropriate response requires the joint efforts of the Government, civil society and the private sector. For instance, in the past year we have allocated $10 million to the Malaysian AIDS Council, an umbrella body of 37 non-governmental organizations, to be disbursed over a period of 10 years to conduct prevention, care and support programmes, particularly for the vulnerable groups.

The Government is also working jointly with the Malaysian AIDS Council to incorporate religious leaders into the national HIV/AIDS response in recognition of the major role that religion plays in the lives of Malaysians and in helping to alleviate stigma and discrimination. This year, the Islamic Development Department of the Prime Minister's Department and the Malaysian AIDS Council jointly organized the second International Muslim Leaders' Consultation, which brought together almost 200 delegates from around the world to establish guiding principles on how Muslim communities should respond to the epidemic. In addition, the Government is also jointly collaborating with the Malaysian AIDS Council to conduct training programmes on HIV/AIDS for Muslim leaders throughout the country. These activities illustrate that the global Muslim community is as concerned about the HIV/AIDS pandemic as any other religious groupings and is taking action to respond appropriately.

The private sector in Malaysia is also involved in the national response. Spearheaded by the Ministry of Human Resources, a Code of Practice on HIV/AIDS in the Workplace has been formulated in consultation with non-governmental organizations and the private sector in order to ensure an HIV-educated workforce and establish non-discriminatory standards for the employment and treatment of HIV-positive workers. In addition, some corporations are, on their own initiative, conducting HIV/AIDS education programmes for their employees, with support from non-governmental organizations.

Together, we must prevail. There is no other alternative.

The Acting President: I now give the floor to His Excellency Mr. Urbain Olanguena Awono, Minister for Public Health of Cameroon.

Mr. Awono (Cameroon) (*spoke in French*): Allow me at the outset to discharge a double duty entrusted to me by the President of the Republic of Cameroon, Mr. Paul Biya, who this morning began a State visit to China. He requested me first to convey his congratulations to Mr. Hunte on his election to the presidency of the General Assembly and, secondly, to express to Secretary-General Kofi Annan his appreciation for his kind invitation and for his dedication and commitment to the campaign against HIV/AIDS. His report and his statement this morning bear witness to that commitment.

The AIDS epidemic is a highly complex challenge to today's world. If we are to meet it, we will need a great deal of political courage, humanity, relevant strategies and the means necessary to implementing them. In Cameroon, where, unfortunately, the infection rate rose to 11.8 per cent in 2002, the response must be bold, in accordance with the wishes of the Head of State, who has made the anti-AIDS campaign a national challenge and has instructed the Government to draw up a national strategic plan to that end. Adopted for the period 2000-2005 and submitted to the public by the Prime Minister in

September 2000, this plan — an integral part of our anti-poverty strategy — reflects the authorities' commitment to addressing directly the problem of HIV/AIDS and its consequences at the social and the economic levels.

Over the past two years, a strengthening of institutional pillars, an intensification of our prevention policy and a gradual expansion of access to treatment have considerably improved the quality and effectiveness of Cameroon's response to HIV, in accordance with the options of the Declaration of Commitment on HIV/AIDS.

The emphasis on prevention as an essential pillar of our plan of action has been manifested through various efforts, including ongoing targeted information and education campaigns to change behaviour, the promotion of the use of condoms and the development of a network of health centres throughout the country for the detection of HIV on a voluntary basis. In that regard, the establishment of 136 centres devoted to preventing the transmission of HIV from mother to child has made it possible to reduce that particular rate of transmission by half, which is the most unjust type of infection given that it affects innocent people.

In a word, our strategy consists of erecting a barrier to provide strong protection for young people and women — who pay the heaviest price — as well as to contain the epidemic among groups at risk. In that connection, Cameroon has developed and implemented six sectoral plans, including in the areas of education, women and defence. A multisectoral approach has therefore been adopted to mobilize our plan at both the national and grassroots levels. To the same end, our programme has also benefited from a participatory process as part of this struggle that involves thousands of communities, groups of persons living with HIV, non-governmental organizations and other civil society groups, including traditional leaders. Their plans of action have been supported in the field by virtue of the fact that our national programme is decentralized, which makes it possible to organize their work through provincial, communal and local committees to fight the disease.

Our experience in enlisting the assistance of the various actors in society in the fight against HIV/AIDS has taught us the usefulness of promoting public-private partnerships to make more concrete progress. The National Committee to Combat AIDS has therefore concluded 37 agreements with private businesses, as well as 17 with religious groups. That work is continuing.

With regard to the response on the health front, our Government considers access to high-quality health services to be a fundamental right of every citizen. The policy we are pursuing is therefore designed to promote and expand access to treatment with antiretroviral medications. In that regard, Mr. Paul Biya, the President of Cameroon, has decided to provide approximately $1 in annual subsidies to reduce the cost of treatment. Thanks to those subsidies — as well as to the agreements we have reached with pharmaceutical firms and the introduction of generic drugs — the monthly cost of treatment has been reduced to $30 per patient. Also as a result of that policy, the number of persons undergoing treatment has grown ten-fold: from 600 in 2001 to over 6,000 in 2003.

Research has not been neglected either, and is part of a strategy being developed with various international institutions. In addition, Cameroon is also a supporter of such regional initiatives as African Synergy, an association African First Ladies launched by Mrs. Chantal Biya in 2002. In addition, Cameroon is drafting laws pertaining to the rights and duties of persons living with HIV/AIDS, as well as a law regarding the safety of blood transfusions.

In sum, the vision and resolute determination of Cameroon's leaders in the face of HIV/AIDS reflects our conviction that this tragedy represents a real threat to our country's peace, social stability and prospects for development. It is for that reason that every contribution aimed at helping us to win this humanitarian war is welcomed.

Cameroon has already devoted its own resources to this effort on a priority basis, including resources derived from the Heavily Indebted Poor Countries Debt Initiative. We welcome the assistance we have received from several partners, and we wish to thank them for the various types of support they have provided.

My country appeals to rich countries to contribute to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria. The Fund, which was established after the holding of the special session of the General Assembly devoted to HIV/AIDS, has made considerable progress in the 18 months since it was created as the financial

instrument most open to countries where those three diseases are endemic.

Given the urgent humanitarian and health situation created by HIV/AIDS, there is an imperative and ethical need for solidarity and partnership. Those duties must be a part of our common agenda as we move towards a better and more equitable world. More specifically, we believe that access to treatment as a fundamental human right and the goal of health as a public good constitute the guiding principles and foundation of a global response commensurate with those challenges.

If sufficient resources are not mobilized to carry out our activities on a scale conducive to eradicating the HIV/AIDS epidemic, then the noble Millennium Development Goals, which were adopted by the General Assembly in 2000, will never be achieved by sub-Saharan Africa. Given that danger, the time has come for us to relaunch together a new spirit of partnership and concrete action aimed at results and sustained progress. Given that the AIDS crisis is not a short-term problem, our efforts should be long-term in nature. As the Secretary-General emphasized this morning, accomplishing that will require shared political will, mobilization of resources and specific efforts to better ensure the future of the world.

The Acting President: I now give the floor to Her Excellency Mrs. Albertina Julia Hamukwaya, Minister of Health of the Republic of Angola.

Mrs. Hamukwaya (Angola) (*spoke in Portuguese; English text furnished by the delegation*): I would like, on behalf of the Government of Angola and on my own behalf, to welcome the holding of this high-level meeting of the General Assembly devoted to assessing the progress achieved in the fight against HIV/AIDS since the adoption of the Declaration of Commitment by the special session of the General Assembly in 2001.

The HIV/AIDS pandemic continues to decimate our populations in such a manner that many of our countries' development achievements since gaining independence in the 1960s and 1970s are being seriously threatened.

Angola's HIV infection rate is about 5.5 per cent in the adult population, a relatively low rate compared to other countries of our region. That reality calls for effective support from the international community so that we may benefit from the achievements of other countries in order to contain the epidemic.

The impact of HIV/AIDS has been devastating, and it is felt at all levels of society, including families, communities, productive sectors and nations as a whole. The consequences for families include increased poverty, the dissolution of family groupings and increased rates of school-dropout, especially in families run by orphaned children.

After more than 30 years of war, the new environment in Angola includes many competing priorities. However, the issue of HIV/AIDS is at the top of our concerns and priorities, given its negative impact on life expectancy and at the macro-economic level, as well as on the quality of life of the population. Taking that into account, and in accordance with the commitments entered into at Abuja in April 2001 and during the special session of the General Assembly, the President of the Republic of Angola has assumed a leadership role in the fight against HIV/AIDS by coordinating the activities of the National Commission to Fight HIV/AIDS and by giving it all the powers it requires and the influence of his own name. In addition, a special fund was established to fight AIDS and other major epidemics, a step which has made it possible to update our national strategic plan to bring it into line with the new challenges of peace.

Other initiatives have also been undertaken in the framework of that same commitment, including programmes to halt vertical transmission of the disease and to guarantee the safety of the blood supply at the level of provincial capitals; mass information and educational campaigns, mainly for young people within and outside the educational system, displaced and refugee populations, sex workers and truck drivers; the free distribution of condoms; voluntary testing; the opening of counselling and testing centres; the establishment of centres to evaluate and monitor the infection; and the launching of a programme to introduce antiretroviral therapy.

Expertise, partnership, cooperation, funding and solidarity are the essential elements of our globalized world that must be taken into a count to implement national plans to intensify our response to AIDS. We are all convinced that success in the fight against the epidemic will depend upon the practical, effective steps we are called upon to implement as part of our commitments with regard to HIV/AIDS.

There have been remarkable advances in HIV therapies with the introduction of antiretroviral drugs. However, taking into account the dimension of the scourge and our scarce resources, those efforts will have a greater impact when we are in a position to obtain antiretroviral drugs and test kits on more favourable terms.

Given the importance of human rights, these meetings should serve to provide the masses in developing countries with the same right to well-being enjoyed by peoples in developed countries.

The Acting President: I now give the floor to His Excellency Mr. Marcus Bethel, Minister of Health of the Commonwealth of the Bahamas.

Mr. Bethel (Bahamas): I am pleased to participate in these high-level meetings of the General Assembly devoted to the follow-up to the outcome of the Assembly's twenty-sixth special session, on HIV/AIDS, and the implementation of the Declaration of Commitment on HIV/AIDS. Just over two years ago, we came together to adopt an action-oriented, time-bound set of targets and commitments in an effort to combat the deadly HIV/AIDS pandemic, which continues to take its toll on individuals and on the development prospects of many of our nations. This first high-level review is a very timely one, given that the first set of targets in the Declaration fell due in 2002.

The Joint United Nations Programme on HIV/AIDS has described the HIV/AIDS epidemic in the Bahamas as a mature, generalized heterosexual epidemic affecting 4 per cent of the population between 15 and 49 years of age. With those facts in mind, the Commonwealth of the Bahamas has established a multidisciplinary, integrated and comprehensive national AIDS programme, with significant contributions from many partners, namely the religious community and corporate and civil society. The programme in the Bahamas is a model of success for the Caribbean region. The care and support of patients with HIV/AIDS has been a major component of our national response, coupled with prevention, epidemiological surveillance and public education.

The Government of the Bahamas reaffirms its unswerving commitment to the Declaration of Commitment. In these difficult economic times, the Government has spent over $5 million in the past year in services to implement our HIV/AIDS strategic plan. During that period, the Government accelerated access to care and support and increased the availability of antiretroviral therapy to persons living with HIV/AIDS. In that same time, we have strengthened HIV/AIDS surveillance; expanded HIV/AIDS education and prevention activities; trained laboratory staff, with a view to establishing a specialized HIV/AIDS laboratory; and participated in research activities to promote the establishment of a regional HIV/AIDS training and resource centre for the Caribbean region.

It is the intention of the Government of the Bahamas to provide universal access to antiretroviral therapy by the year 2005, provided that the cost of antiretroviral medicines continues to decrease and that negotiations with research and development pharmaceutical companies for reduced prices are successful. At the special session in 2001, the Bahamas outlined several national targets to combat HIV/AIDS in our nation. It is a source of pride for us that we have started to meet some of those targets. To that end, antiretroviral therapy has been provided to approximately 25 per cent of the targeted population in a one-year period, and all HIV-positive pregnant women receive full antiretroviral treatment during and after pregnancy, which resulted in a reduction of mother-to-child transmission to 3 per cent in 2002.

With respect to prevention and education, we have sought to target specific high-risk groups, especially young persons, drug users and immigrants. Health education, with an emphasis on behavioural change, is directed at all segments of the population, including workers, employers, adolescents, schoolchildren and police officers and other uniformed services. Those efforts have also been extended to our tourism sector. Tourism remains the main engine of growth of the Bahamas economy. At this time, 40 per cent of hotels in the Bahamas have preventive programmes in place, and it is our intention to raise that number in collaboration with our partners in the industry.

I am pleased to say that due to those efforts, and others, the prevalence rate in the Bahamas has been reduced significantly over the past seven years, and deaths from HIV/AIDS decreased by 50 per cent in 2002 as a direct result of the up-scaling of antiretroviral therapies. Paediatric and adult in-patient admissions have been greatly reduced, as has the average length of hospital stays.

Despite our success in some areas in combating HIV/AIDS, we continue to face many challenges, particularly in the areas of manpower and tactical financial resources, challenges that must be addressed if we are to sustain our HIV/AIDS programme. The socio-economic impact of HIV/AIDS has been felt throughout our archipelago. The resources of the Ministry of Social Services and of many other Government agencies have been sorely tested by the rate of infection and the growing phenomenon of HIV orphans. Accordingly, the Bahamas remains committed to regional and international cooperation in the implementation of the Declaration of Commitment and national and regional strategies to combat HIV/AIDS.

We must never forget that our task is an urgent one. Combating HIV/AIDS must remain a national and international priority. The direct and indirect costs of HIV to individuals, to our economies and to our development prospects have been staggering. Let us now reaffirm our collective resolve to stem the tide of HIV/AIDS by implementing the Declaration of Commitment and by not allowing our focus or our scarce resources to be diverted from that critical task.

The Acting President: I now give the floor to Her Excellency Ms. Uschi Eid, Minister of State for Economic Cooperation of Germany.

Ms. Eid (Germany): The fight against HIV/AIDS is undoubtedly one of the biggest challenges of our times. The sad fates of HIV/AIDS patients, the misery caused to their families and communities, and the continuously increasing number of infected persons worldwide command our attention and demand urgent action. As we discuss the issue today, during the five minutes of my speech alone another 50 people will contract HIV/AIDS, adding to the burden posed by the disease.

It is only two years since the General Assembly held a special session on HIV/AIDS on the initiative and at the invitation of the Secretary-General. While much remains to be done, the emerging international consensus has led to considerable progress, mainly due to the intensification of global response measures and enhanced coordination.

As Chancellor Gerhard Schröder's personal representative for the G-8 process in support of the New Partnership for Africa's Development (NEPAD), I am very well aware of the devastating impact of HIV/AIDS in Africa.

An adequate response strategy can be framed only in development terms. Economic development; poverty reduction; education; income generation; overall improvement of health care, including capacity-building for health workers and improvements in infrastructure and access to drugs; as well as advancements in human rights, especially for women and girl children; these are all part of a multifaceted strategy to fight the disease.

Against that background, let me say a few words about the German contribution to the international fight against HIV/AIDS.

Germany has supported international coordination and financial mechanisms. In that context, I would also like to commend the Joint United Nations Programme on HIV/AIDS (UNAIDS), under the leadership of Peter Piot, for its excellent work as resource centre, catalyst for change and coordinator. The German Government also supported the setting up of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Only recently, we committed an additional 100 million euros, raising our total pledge to 300 million euros.

The German Government made the question of better access to drugs a major concern in the discussion of the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights. We appreciate the progress achieved. International trade rules must support access to HIV drugs, rather than hinder it. We trust that this crucial commitment will not be affected by the recent stall in the trade negotiations at Cancun. I would like to urge all international players to deliver on that commitment.

In our bilateral work we are active in fighting HIV/AIDS in 50 countries. In 16 of them a substantial percentage of our cooperation is focused on the health sector: supporting basic health care; building capacity in the health sector, including infrastructure; and assisting with the provision of adequate treatment, care and support for people living with HIV/AIDS. We have successfully experimented with creative and innovative approaches such as the social marketing of condoms and awareness-raising through performances by travelling theatre companies. Under our public-private partnership scheme we have intensified our collaboration with the business world, either by helping companies with the introduction of HIV/AIDS workplace policies or by forging alliances to provide drugs free of charge. Moreover, the German

Government has begun to mainstream its bilateral activities in the fight against HIV/AIDS throughout all aspects of development cooperation.

Mindful of the urgency of the situation, we have been committing more and more funds to fighting HIV/AIDS. Our total commitment this year is 300 million euros.

With a view to upholding the human dignity of those affected by the disease, enhancing prevention should be an international priority in the years to come. To achieve that we need still more information, awareness-raising and education in many countries, including the participation of people living with AIDS.

It goes without saying that this requires an enhanced commitment on the part of the Governments of the countries affected and at risk. Just as we have to be vigilant in Germany to maintain good overall knowledge and awareness of HIV/AIDS among the general public, other countries may have to be more open about giving problems their proper names and advocating real solutions. It is vitally important that harmful traditional practices be publicly condemned, that wide-scale access to protective measures be ensured and that women's rights to sexual self-determination be protected and promoted.

HIV/AIDS is a human tragedy and a threat to development, prosperity and security. However, increasing knowledge, emerging alliances and new initiatives over the past few years show that it is also an opportunity to forge international and multi-donor and multi-actor cooperation for tailored responses to global development problems.

On that note, I would like to urge us all to renew our commitment today to prioritize the fight against HIV/AIDS and to devote the necessary energy, political will and resources to it.

The Acting President: I now give the floor to Her Excellency Mrs. Aïchatou Mindaoudou, Minister for Foreign Affairs and Cooperation of the Republic of Niger.

Mrs. Mindaoudou (Niger) (*spoke in French*): As Heraclitus said 500 years before the birth of Christ, when health is gone, there is no wisdom or culture; neither is there strength to fight, and wealth is useless and intelligence pointless. In 2003, 2,500 later, that aphorism retains all its accuracy and importance.

Unfortunately, health is gone from Africa. The United Nations slogan "Health for All by the Year 2000" has been a failure not just because we did not know how to address it effectively, but also because of illnesses such as AIDS that were still unknown a few years ago. It has now been 20 years since the AIDS epidemic exploded in the world like a bomb, bringing with it health, demographic, sociocultural, economic, political, religious and legal consequences, all of them equally harmful and adding to the devastating effects of major endemic tropical diseases such as tuberculosis and malaria.

Two years after the special session of the General Assembly and the adoption by the international community of the solemn Declaration of Commitment on HIV/AIDS, these high-level plenary meetings are once again placing the AIDS pandemic at the forefront of United Nations concerns and at the top of the list of major obstacles to development and to the human security of the vast majority of the world's population.

We are already at the end of the first series of goals set out in the Declaration of Commitment. Consequently, it would seem to be of the highest importance for the international community to take careful stock of the results achieved in strengthening prevention and treatment programmes for the growing number of persons with AIDS. As the Secretary-General has said, this first evaluation will enable us to determine whether we are on the right path to achieve the other goals set for 2005 and 2010. Our current deliberations are therefore of the utmost importance.

In order to keep our promise to stop the spread of HIV/AIDS and to begin to reverse the current tragic trend by 2015, the international community — along with the efforts made in the areas of research and, in particular, prevention, which remain the basis for our efforts — must place special emphasis on access to drugs in developing countries. In those countries the frightening statistics regarding the number of people living with AIDS, dying daily and being seropositive point to a health crisis rarely known in the history of humankind. Given the considerable financial needs of developing countries in accessing treatment, only a significant increase in allocated resources and resolute political commitment at the highest levels in our countries will make it possible to keep that promise.

Until recently, Niger had been relatively spared from the scourge of AIDS. Although the infection rate

among the general population today is over 2 per cent — from a rate of 0.7 per cent in 1990 — the nature of the epidemic itself is both complex and prone to change. We now see that there are significant differences in the rate of infection between rural and urban areas, as well as among very high-risk groups, such as sex workers, truck drivers, military personnel and young people. Most new cases are now found among persons aged between 15 and 29 living in high-migration areas. The gender ratio in the adult population is estimated to be 1 male per .85 females. That ratio has been reversed in the 15 to 19 age group during the last two years; there are now four females for every male.

Aware of the risk of the epidemic's spread, at the time it recorded is first case, in 1987, Niger decided to put in place an institutional framework to develop and implement a policy to combat HIV/AIDS. A strategic planning process was begun to draft a third-generation medium-term plan.

I should like to draw the General Assembly's attention to a series of four important measures that have already been put in place. First, the AIDS pandemic is now being dealt with in the Office of the President. Secondly, a national plan to combat HIV/AIDS and sexually transmitted diseases has been devised for the period 2003-2006. Thirdly, there is an initiative in place to provide access to antiretroviral medicines. And, fourthly, we have made the fight against HIV/AIDS a component of every development project.

In order to further reflect our commitment in actions, Niger has decided to improve the economic situation of poor people by strengthening basic social services, particularly in rural areas. To that end, and in the spirit of the 20/20 Initiative, we have carried out a review of public spending in the health, education and rural sectors. Moreover, aware that the problem of AIDS is also an issue of rights, dignity and discrimination, the Government of Niger will very soon turn to solving certain problems through legislation. One of the most important of those laws will deal with the rights and duties of people living with HIV/AIDS, children orphaned by AIDS and public health personnel.

The President returned to the Chair.

In conclusion, I would like strongly to emphasize that the promise made in the Declaration of Commitment on HIV/AIDS must be kept. Failing to do so will mean increasing the number of children orphaned by AIDS, a figure that is already too high. Africa alone has over 11 million of them and will have 20 million by 2010.

More than ever before, the international partnership against AIDS in Africa must be translated into active solidarity among nations, sustained assistance from international institutions and full commitment from the private sector, and in particular from the pharmaceutical industry.

From this rostrum, I would like to reiterate our great appreciation for the support of the United Nations Development Programme, the United Nations Population Fund, UNICEF, the Joint United Nations Programme on HIV/AIDS and other development partners, which have continued to make their contributions to the implementation of our national programme to combat AIDS.

The President: We have heard the last speaker in the debate for this meeting.

Programme of work

The President: I should like to draw the attention of the General Assembly to document A/INF/58/4, which contains a tentative programme of work and schedule of plenary meetings for the period from September to December 2003 and which has been distributed in the Hall.

I should like also to remind members that the lists of speakers for items listed in document A/INF/58/4 are open. Furthermore, I should like to remind members that tomorrow, Tuesday, 23 September 2003, at 10 a.m., the Secretary-General will present his report on the work of the Organization (A/58/1) to the General Assembly prior to the opening of the general debate.

I would like to inform members that, for technical reasons, the Assembly will adjourn its 4th plenary meeting at this time. Representatives are requested to remain seated, because the 5th plenary meeting will begin immediately after the adjournment of this meeting.

The meeting rose at 6.10 p.m.